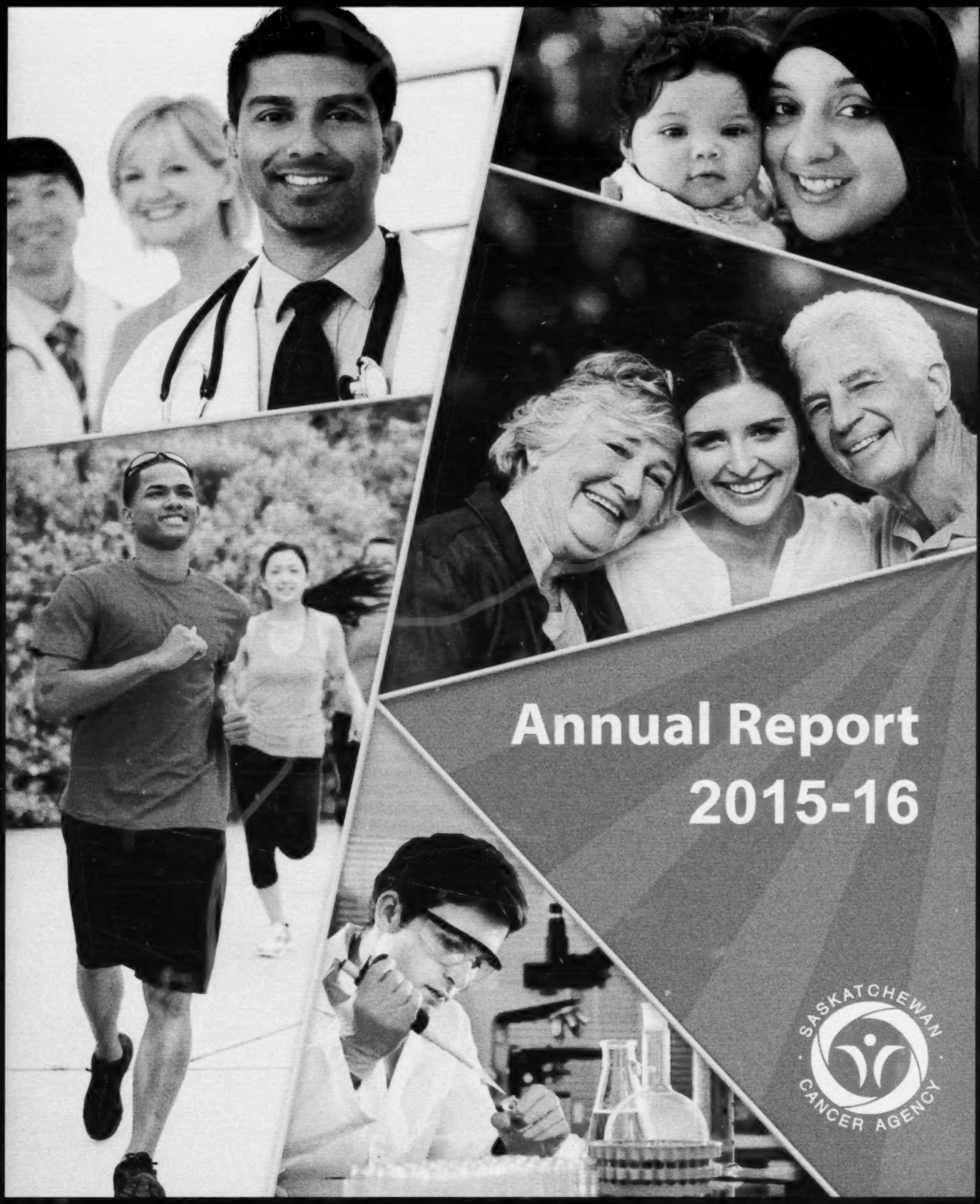

Annual Report 2015-16

SASKATCHEWAN CANCER AGENCY

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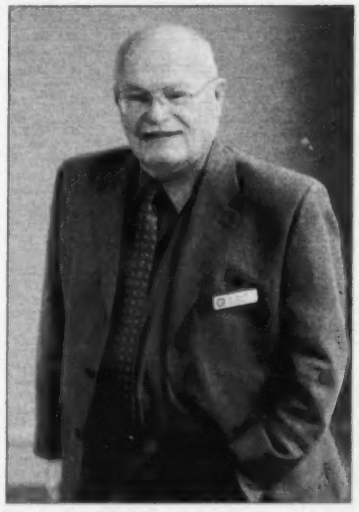
The Honourable Dustin Duncan
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Duncan:

I have the honour of submitting the Saskatchewan Cancer Agency's annual report including the audited financial statements for the fiscal year ending March 31, 2016.



The past year saw the Cancer Agency continue its focus on transforming our programs and services for better health, better care, better teams and better value, with the people of Saskatchewan at the heart of our work. This continuous growth is a reflection of our commitment to safe, high quality care, and the changing needs of communities, partners, clients, patients and their families.

In 2015-16 the Cancer Agency began a new chapter with a five-year strategic plan that outlined a clear direction for the organization. The plan builds on the strengths of our long history of delivering excellence in cancer control, while ensuring we are looking ahead. It is also a plan that acknowledges our work is not delivered in isolation, but rather together with others in the healthcare sector, in communities, government and with individuals.

As the Cancer Agency continues its work, it will look at how to use technology to improve and bring care closer to home for patients, develop strategies to engage First Nations and Métis people, include patient and family voices in our planning, and build on our efforts to develop strong frameworks in ethics and quality improvement.

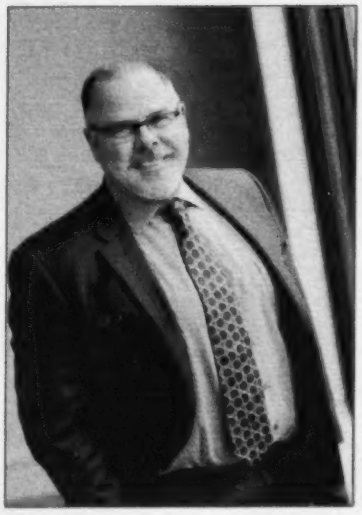
As a board we are pleased to present this annual report which will highlight our progress in providing the very best in prevention and early detection programs, care, treatment and research for Saskatchewan people.

Respectfully,

Ron Waschuk, Board Chair
Saskatchewan Cancer Agency

Message from the President and Chief Executive Officer

FROM MISSION TO ACTION



"It is helpful to hear directly from people about their needs and expectations and also about their ideas to improve care, services and programs so that we can help individuals stay as healthy as possible."

–Scott Livingstone

Cancer care has changed dramatically over the years and patients are living longer with cancer than in previous decades. While this is a positive reflection of having better early detection programs, improved treatment, research and clinical trials, and more advanced technology and equipment, the fact remains that for the first time in more than 100 years, Canadian children may have shorter lifespans than their parents. In a province that is on track to reach a population of 1.2 million by 2020, having a clear plan for cancer control becomes essential if we are to sustainably meet the needs of the future.

As an organization, we have embraced the fact that we need to think beyond traditional ways of delivering healthcare and are in the process of transforming not just how we deliver care and where, but who is involved. We know that to provide the best experience and address future service and program challenges requires we work closer than ever with patients and families, residents and communities.

We are reaching out and connecting with some of the most vulnerable people in the province and asking what their greatest need is and how they want to be involved in coming up with solutions and implementing changes.

Our five-year strategic plan is the foundation for building connections. We will use this plan to take the small everyday things people do to improve and connect them together to make a big difference that will help change the health and experience of people.

This annual report highlights just a small portion of the work we have started and the direction we are taking as we look to build strong partnerships and improve how we deliver care and programs in Saskatchewan with a common vision and shared values.

Scott Livingstone
President and Chief Executive Officer

Our People, Our Work

The Saskatchewan Cancer Agency is a provincial healthcare organization with a legislated mandate to provide cancer control for the approximate 1.15 million people in the province.

Together, our more than 840 employees provide clients, patients and families with safe, high quality treatment, innovative research, and early detection and prevention programs. As we look to continuously improve our delivery of programs and services, our employees are rising to the challenge.

The Cancer Agency is subject to or governed by the following provincial legislation:

- *The Cancer Agency Act*
- *The Health Information Protection Act*
- *The Regional Health Services Act*

TREATMENT

Through the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre, patients have a team of experienced, skilled and dedicated health professionals helping them to understand their diagnosis and make choices on treatment and care.

Each cancer centre offers:

- Psychosocial workers to help patients and families cope with the physical, financial and emotional impact of dealing with cancer
- A referral centre, operated by registered nurses, that processes new referrals and books patients for assessment
- Chemotherapy and radiation therapy
- Through the Blood and Marrow Transplant Program, located in Saskatoon, we provide assessments and treatment for patients with aggressive or advanced blood and circulatory system cancers

COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

We recognize the importance that family and community play in a patient's treatment and recovery. The Community Oncology Program of Saskatchewan (COPS) works together with health regions to provide specific types of chemotherapy treatments. COPS provides cancer patients with care, treatment and support in or closer to their home communities. There are 16 COPS centres located in hospitals throughout Saskatchewan (Estevan, Humboldt, Kindersley, Lloydminster, Meadow Lake, Melfort, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Prince Albert, Swift Current, Tisdale, Weyburn and Yorkton).

RESEARCH

At the Cancer Agency we have world-class researchers who are helping make a difference in the fight against cancer. We provide bench research, clinical research, including clinical trials, and epidemiology research.

Understanding how breast cancer develops and why it spreads is a key focus of the Cancer Agency's research team as they look to help improve care, programs and treatment options.

Our vision:

- ***A healthy population free from cancer***

Our mission:

- ***To provide leadership in health promotion, early detection, treatment and research for cancer***

Our values:

- ***Courage***
- ***Integrity***
- ***Vision Driven***
- ***Innovation***
- ***Collaboration***

Our People, Our Work

EARLY DETECTION

The Cancer Agency operates three population-based screening programs:

- Screening Program for Breast Cancer, which started in 1990, includes clinics in Regina and Saskatoon and satellite centres in Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current and Yorkton. We also operate a mobile unit that travels to rural Saskatchewan and First Nations reserves offering screening mammograms.
- Prevention Program for Cervical Cancer, started in 2003
- Screening Program for Colorectal Cancer, started in 2009

PREVENTION

Through connections with communities, organizations and government ministries the Cancer Agency provides information and education with regard to cancer prevention. Since many risk factors for cancer are common to other diseases, the probable economic and human life savings is significantly greater than that for cancer alone. By controlling these risk factors there would also be a positive impact on the occurrence of heart disease and stroke, lung disease and diabetes. Creating an environment that helps address the social determinants of health can also help protect against disease by creating awareness.

PATIENT AND FAMILY ADVISORY COUNCIL

At the Cancer Agency we want to provide exceptional care with the client, patient and their family at the centre of every decision we make and action we take. This starts with ensuring patients and their families have a voice about their care and treatment, but also about how services are delivered.

In 2011, we established a Patient and Family Advisory Council (PFAC) with patients, family members and our own staff coming together to:

- Improve the patient and family experience
- Improve the relationship between patients, family and staff
- Channel information, ideas and needs of patients
- Provide input into services and programs

FUNDRAISING

Philanthropy plays a vital role in the success of our work. The support of our donors enables us to:

- Equip our facilities with the most advanced technology to save lives and improve patient care
- Care for the needs of people from early detection through to treatment
- Fund research that benefits patients and advances our understanding of disease prevention, diagnosis and treatment
- Maintain high levels of quality and satisfaction for patients and employees
- Improve our facilities so we can deliver advanced, efficient care to patients who come through our doors

Accountability

BOARD OF DIRECTORS

The Cancer Agency is guided by a board of directors appointed by the Lieutenant Governor in Council. The responsibilities of the board include:

- Selecting the chief executive officer and reviewing his or her performance
- Establishing the overall strategic direction and framework for the Cancer Agency, including the mission, vision and values
- Providing financial stewardship by overseeing the financial management of the organization
- Monitoring the overall quality and safety of services and programs for staff and patients
- Establishing and maintaining relationships with key stakeholders
- Maintaining effective governance, which includes annually evaluating the board's effectiveness and that of its committees

The president and chief executive officer (CEO) is the board's link to the administration and day-to-day operations of the Cancer Agency. The CEO is accountable to the board as a whole.

"The board's role is supported by the organization's statutory framework, and by the board's own governance manual and oversight," said Ron Waschuk, Cancer Agency Board Chair.

As overseers of a $163.4 million operating budget, as well as capital, research and trust fund budgets, the board brings strong business judgement and expertise to the stewardship of the Cancer Agency. To be successful for such a large and at times complex organization, board members devote a considerable amount of time to meetings and committee work. All of the board's members sit on committees that are designed to help strengthen the Cancer Agency's accountability to the people of this province.

BOARD ACCOMPLISHMENTS FOR 2015-16

"Strong governance is the foundational starting point for our board," said Ron Waschuk. "All of our members are on the same page around their responsibilities and share a similar vision for the Cancer Agency."

- **Strategic Planning:** The board affirmed its role in oversight of the strategic planning process for the Cancer Agency and engaged with the leadership of the organization to establish a five-year plan with a new set of values. The board also attended quarterly reviews to hear the progress being made on each of the initiatives selected to advance the goals of the Cancer Agency.
- **Governance:** With an Accreditation Canada on-site survey for the Cancer Agency set for April of 2016, the board completed a critical review of all governance standards and attended information sessions about the accreditation process.
- **Patient and Family-Centred Care:** By inviting patients to share their experiences at board meetings, the board continued its commitment to ensuring that patients and their families are the focus of the Cancer Agency's work. The board also took a more proactive role in hearing the patient voice by attending meetings of the Patient and Family Advisory Council.

"Good governance is essential in ensuring the Cancer Agency continues to serve Saskatchewan residents in an effective, sustainable and accountable manner."

–Ron Waschuk, Board Chair

Accountability

BOARD COMMITTEES

Audit:
- Howard Crofts, Chair
- Doug Finnie
- Ron Waschuk, Ex-officio

Governance and Human Resources:
- Doug Finnie, Chair
- Howard Crofts
- Don Ravis
- Ron Waschuk, Ex-officio

Quality, Safety and Risk:
- Dr. Walter Streelasky, Chair
- Don Ravis
- Zeba Ahmad
- Ron Waschuk, Ex-officio

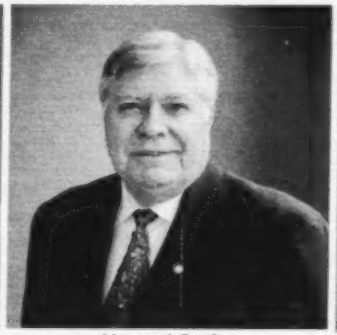
A brief bio of our board members is available at www.saskcancer.ca/board

- **Quality Safety and Risk:** The board enhanced its capabilities in providing oversight in the areas of quality, safety and risk by using learning modules based on the Canadian Patient Safety Institute best practices related to quality governance for boards.
- **Financial Reporting and Sustainability:** The board amended the audit and finance committee charter and participated in a new system-wide financial reporting protocol for boards. The new protocols further improved the board's ability to provide oversight and guidance on matters of financial performance, stability and sustainability.

Consideration of future sustainability and enhancement of care is an important element in the governance oversight of the board. With this in mind, the board encouraged the Agency to seek out a consultant to provide an assessment of fundraising environments internally and externally and to make recommendations on the best options to move forward.

Saskatchewan Cancer Agency Board

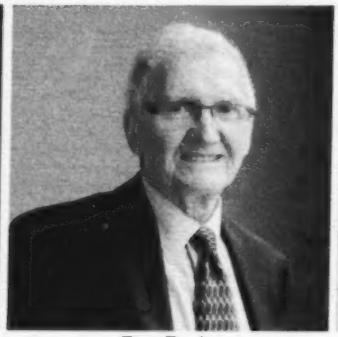
Ron Waschuk
Board Chair, Elkridge



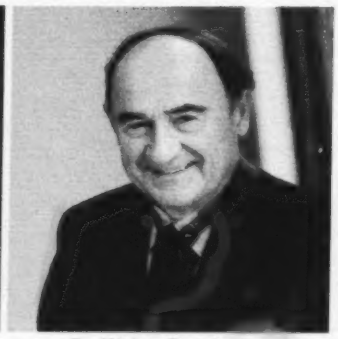
Howard Crofts
Board Vice Chair, Regina

Zeba Ahmad
Saskatoon

Doug Finnie
Saskatoon



Don Ravis
Saskatoon



Dr. Walter Streelasky
Melville

Photo not available

Lionel Chabot
North Battleford

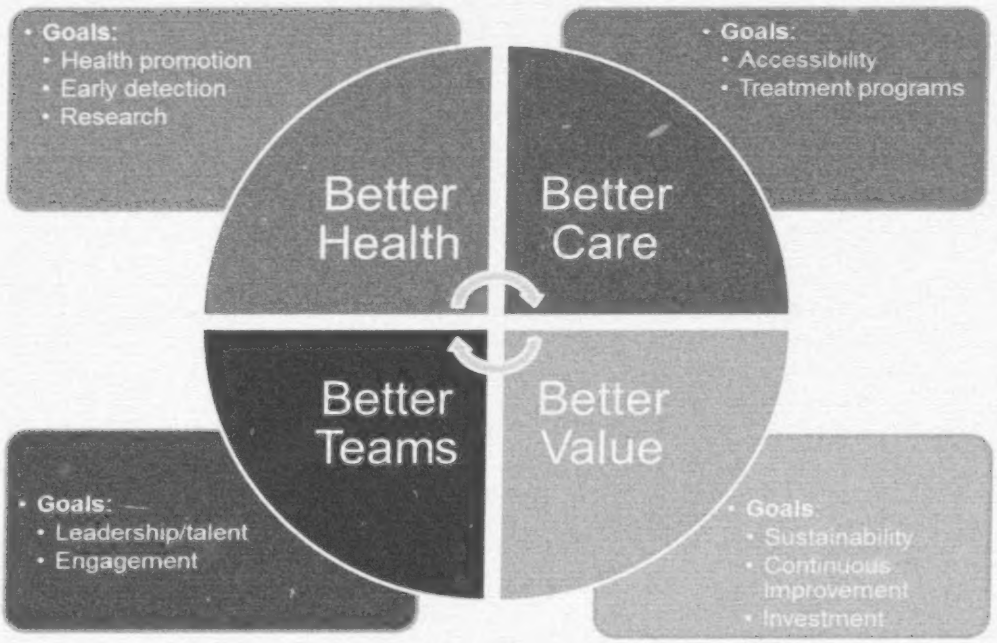
Strategic Direction

FROM VISION TO ACTION

In May of 2015, the Saskatchewan Cancer Agency rolled out its new five-year strategic plan and values. Guided by four strategic directions, the multi-year plan informs our delivery of care, services, research and programs and ensures our continued commitment to quality, safety and improvement. Underlying our goals and helping move us from vision to action is our strong desire to put people first—clients, patients, families, and staff.

"Everyone, at every level of the organization, needs to understand they play an important role in supporting the plan's goals and strategic initiatives," said Scott Livingstone President and CEO, Saskatchewan Cancer Agency. "Having a clear direction and being accountable for accomplishing what we set out to do is what will help take us from good to great."

Saskatchewan Cancer Agency Strategic Direction
2015-2020



Putting Patients First
better health · better care · better value · better teams

Strategic Direction

Significant progress was made on initiatives in year one of the plan:

Strategies	Goals	Initiatives 2015-16	Progress
Better Teams	**Leadership/ Talent**	Develop and begin implementing a comprehensive integrated talent management system	• Redesigned the performance review process and began implementing development planning that incorporates a coaching approach • Identified components necessary to establish a comprehensive and integrated talent management system • Focus on leadership development with various strategies and tools provided to assist leaders in their work
	Engagement	Plan and implement staff engagement strategy	• Four key areas were identified by employees to improve engagement (senior leadership, recognition, performance development, resources) • Established cross functional working groups related to recognition and onboarding • Developed and implemented a semi-annual snapshot survey to capture staff perspectives and to measure progress

Strategies	Goals	Initiatives 2015-16	Progress
Better Care	**Accessibility**	Access improvement strategy	• Primary drivers for access to services were clearly identified • Standardized referral process, physician human resource in medical oncology and space development identified as priorities • Completed internal stakeholder consultation on standardized referral forms, and a space redevelopment plan is near completion
		Service delivery plan (clinical trial participation rate plan, radiation oncology and systemic oncology service delivery plan)	• Completed focus group sessions with senior leadership and managers and identified common themes for planning • Established a steering committee to further advance the work in consecutive years
		Development and implementation of a prostate high dose radiation (HDR) brachytherapy program	• Program started in May 2015 and 40 patients were treated using HDR
		Develop and implement an intracranial radiosurgery program	• The program was available starting in March 2016 and one patient was treated
		Develop a molecular oncology strategy	• Continued collaboration with health regions to introduce molecular testing to support oncology diagnosis and treatment

Strategic Direction

Strategies	Goals	Initiatives 2015-16	Progress
Better Care (cont'd)	**Treatment Programs**	Patient reported outcomes program	• Electronic reports created to identify areas of unmet patient need (partial completion) • Fatigue strategy being built and implemented • Developed implementation plan for pain/ symptom management clinic • Electronic tool modified and finalized to reduce clinician burden and reports of screening data are available • Registered nurses and radiation therapists screening new patients and second treatment patients
		Develop information management systems	• Clinical management system (CMS) roadmap completed and steering and working groups set up to help: ◦ Put decision making and priority setting in the hands of those delivering patient care by creating a steering committee comprised of department heads and working groups that include front line staff ◦ Ensure data will be captured as discreet elements wherever possible and appropriate integration of data from CMS, Registry and screening is accessible to measure treatment program effectiveness and is available for cancer research ◦ Ensure that the IT infrastructure is in place to support a fully electronic patient chart and sharing of information with the Provincial Electronic Health Record (EHR) for access by clinicians outside of the Cancer Agency that provide care to our patients ◦ Protect our patients' personal health information by ensuring compliance with T*he Health Information Protection Act (HIPA)* for access and disclosure of information
		Develop clinical minimum data sets	• Basic work on the initiative is nearly complete and will continue with IT to look at implementation in Aria medical oncology: 60% completed for solid tumour sites, one site in gyne-oncology, one site for hematology and one for pediatrics
		Pediatric oncology program model	• Completed review of pediatric oncology program by external consultant • Received draft recommendations which will be reviewed and validated
		Pharmacy system replacement	• Deferred due to vendor issues
		Take home cancer drug program	• Deferred as other work is required first before implementation

Strategic Direction

Strategies	Goals	Initiatives 2015-16	Progress
Better Value	**Sustainability**	Participation in 3sHealth initiatives	• Participated in three key initiatives of 3sHealth: ◦ Linen services were transferred to a new provincial provider and standard work was implemented by nursing and radiation therapists ◦ Smart pumps to be implemented across the province in 2016, alongside the work taking place to develop the provincial oncology drug library ◦ Transcription services will be managed provincially and the Cancer Agency has identified the voice recognition software needed for our work
		Develop multi-year capital plan	• Completed the lease versus buy component of the initiative • Completed work on the service contract component with implementation in 2016
	Continuous Improvement	Accreditation review	• Worked with all leaders and departments to ensure they were informed about the Accreditation Canada process and that working teams were formed to address outstanding issues
		Continuous improvement training/ applying Lean tools	• 20% of departments are set up with stronger daily visual management practices • 38% of managers trained in Lean • 95% of all staff trained in Kaizen Basics • 100% of last five rapid process improvement workshops have sustained their audited gains
		Develop an enterprise risk management system (ERM)	• Developed ERM framework document • Initiated ERM education sessions for staff • Updated unusual occurrence reporting and critical incident policies

Strategic Direction

Strategies	Goals	Initiatives 2015-16	Progress
Better Value (cont'd)	**Investment**	Create a fund development strategy	• Engaged internal and external stakeholders in a review and assessment of fundraising and received a final report with recommendations for approval
		Plan for short, medium and long-term infrastructure requirements	• Linac in Regina: ◦ Retrofitted a low energy bunker to a high energy bunker ◦ Renovations taking place in the bunker and on the roof • Saskatoon Cancer Centre redevelopment ◦ A high level plan has been developed for moving all of chemotherapy to one floor • University Heights (Saskatoon) redevelopment ◦ Developed a high level plan to move the Screening Program for Breast Cancer to this location along with other departments • Harbour Landing (Regina) project ◦ Consolidated five office locations, including the early detection programs for breast, cervical and colorectal, into two floors of a single office space with additional meeting and video conference rooms for better flow of information

Strategic Direction

Strategies	Goals	Initiatives 2015-16	Progress
Better Health	**Health Promotion**	Saskatchewan Alliance for Youth and Community Well-being (SAYCW) youth health survey	• Survey reach >110 schools >9000 students across 18 school divisions or authorities in 10 health regions • Developed knowledge translation strategy and toolkits (available online for nutrition, tobacco and mental health) • Developed an evaluation report (SAYCW first cycle) • Developing processes for school grants and third party SAYCW data access
	Early Detection	Fully implement navigation for the Screening Program for Colorectal Cancer	• Full navigation expanded to Sun Country Health Region
		Establish endoscopy standards for fecal immunochemical test-(FIT) positive clients and provide reports on the quality indicators to each health region	• Documentation of adenoma detection rates (ADR) per endoscopist (ADR is single most important quality indicator for colonoscopy) • Participation rates – programmatic and opportunistic >50% (best in Canada in population health studies) • Senior medical officers credentialing of endoscopists consistent with Screening Program for Colorectal Cancer policies
	Research	Provincial cancer research plan	• Conducted research request satisfaction survey • Prepared environmental scan of data request processes used in other jurisdictions • Conducted survey to assess how Agency staff perceive and define research and the types of supports currently used/desired • Setup data use and research facilitation committee • Developed a preliminary research and data request procedure

The Heart of Our Work

PATIENT AND FAMILY ADVISORY COUNCIL

People are at the heart of the work of the Saskatchewan Cancer Agency—clients who come to us for screening, patients and their families whom we care for, and residents whose overall health we want to help improve.

"We are always trying to do more to improve not just the health of people but their overall healthcare experience," Livingstone said. "We want there to be a true partnership in which patients, clients and families feel that they have a voice and a role to play that is equal to our staff."

Starting with patient stories at our board meetings, to patient and client representatives on continuous improvement activities, to the overall work of the Patient and Family Advisory Council (PFAC), the Cancer Agency is finding ways to include people in its work.

During 2015-16, the Cancer Agency's PFAC played an important role in helping to facilitate several improvements to signage both within and outside our cancer centres. In Saskatoon, signage was installed between the Royal University Hospital and the cancer centre to help patients navigate between facilities. Signage was also added to College Drive to help guide patients. This required the City of Saskatoon to install signage on the street leading into the facility.

"Our Patient and Family Advisory Council was instrumental in getting the signage in place by writing to the city to express their needs for better street directions. Empowering patients in this way is a significant change to how we conduct business today from even five years ago; and it's a change for the better," Livingstone said.

PFAC members also participated in five rapid process improvement workshops and redevelopment work taking place at the Saskatoon Cancer Centre helping to ensure we were meeting not just staff needs but have taken the patient perspective into consideration as well.

During the year PFAC also began work on a team charter. The charter will reflect the desire for blended goals and responsibilities for patients/clients, family and staff as we work together on cancer control.

"Having patients and families involved in our work as a Cancer Agency makes us stronger. We truly see ourselves as partners in care and want clients, patients and families to embrace this idea."

–Scott Livingstone

The Heart of Our Work

Visit www.sunsmartsk.ca for more information

BETTER HEALTH

Early Detection

Monitoring the health of people in Saskatchewan and working towards a healthy population free from cancer is an important aspect of the Cancer Agency's work.

"We know if we can find cancer early the outcome for patients and families is better," Livingstone stressed. "But if you can actually change the trajectory of the disease through primary prevention you are making a significant investment in building healthy people and communities."

The Cancer Agency reached several milestones on its road to excellence in early detection and cancer screening. The first was celebrating the 25th anniversary of the start to the Screening Program for Breast Cancer. Approximately 75 per cent of breast cancers diagnosed through the screening program are early stage and on average 200 cancers are diagnosed through the program annually.

"Screening and early detection is one of the best defences against cancer for women," Livingstone said. "I'm proud of our long history of breast cancer screening and of reaching this milestone of 25 years of helping save lives."

Over the last 25 years 828,800 mammograms have been performed through the Screening Program for Breast Cancer.

The second key milestone was achieving an overall participation rate of 50 per cent in the Screening Program for Colorectal Cancer. As an organization we lead the country in participation rates for a population-based colorectal screening program.

Between April 2014 and March 2016 more than 154,000 people had participated in the Screening Program for Colorectal Cancer.

"Working closely with the health regions, the provincial laboratory and healthcare professionals to deliver the screening program has been essential to our success. We have very much adopted a team approach and together we are making a difference."

Primary Prevention--Partnerships

While early detection is important in cancer control, to truly make a difference the Cancer Agency continues to work on primary prevention.

"While much of this work is done in partnership, our organization is often leading or providing the resources to make it successful," said Livingstone.

In 2015-16, the Cancer Agency continued its work with Sun Smart Saskatchewan raising awareness through a social marketing campaign called Skip the Base Tan. It also provided much needed training for 80 early childhood educators and sun safety resources for 50 outdoor lifeguards.

The Heart of Our Work

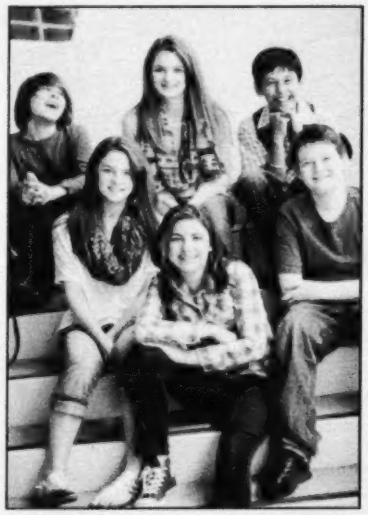
"Given that skin cancer is highly preventable, but also a leading cause of cancer, this work is just one step we can take to ensure that Saskatchewan residents are aware of the hazards of tanning. We were also pleased to see that the province recognized the need for intervention and put in place regulations to ban tanning bed use by individuals under the age of 18."

"This step will help to protect youth from the health risks associated with indoor tanning," Health Minister Dustin Duncan said in a news release in September 2015. "The regulations represent a workable, practical approach to this issue."

Caring for youth is important and working with the Saskatchewan Alliance for Youth and Community Well-being (SAYCW) allows the Cancer Agency to assist the work of government, communities, individuals and organizations. To ensure we are focusing the resources in the right areas, SAYCW conducted a survey for Saskatchewan students in grades 7 to 12.

"Using the results of the survey everyone can work together with schools, school divisions and communities to deliver programs and develop policies that can help improve youth health," Livingstone said. "This is significant for cancer control, but also its something that every parent wants—healthy children."

Over 9,000 students from more than 100 schools across 18 school divisions/ authorities and 10 health regions participated in the first cycle of the SAYCW Youth Health Survey between March and December 2015.

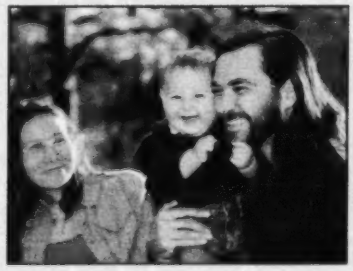


BETTER TEAMS

Building Relationships

While patients may initially receive treatment in one of our two cancer centres, they are part of a much larger healthcare system and community caring for them. From general practitioners to specialists, from surgeons to oncologists, our patients at the Cancer Agency are the patients of everyone who plays a role in helping them with their care.

"Having a strong system of care doesn't start with the Cancer Agency, but rather with strong health regions, which we see as our partners in delivering programs and services," Livingstone said. "Building strong partnerships in all aspects of our work is vital to our success as an organization."



One of the Cancer Agency's key partnerships to advance cancer control over the last two years has been with First Nations and Métis communities. This three-year initiative funded by the Canadian Partnership Against Cancer is part of the larger action plan for First Nations, Inuit and Métis people in Canada.

Working together with English River First Nation Health Clinic, Ochapowace First Nation, Battle River Treaty 6 Health Centre, northern village of Pinehouse and the northern village of Île-à-la-Crosse we have been able to understand the current state of cancer care for rural and remote First Nation and Métis patients in Saskatchewan.

The partnerships have helped the Cancer Agency to develop a framework for a cancer surveillance system, which will be piloted over the next year.

The Heart of Our Work

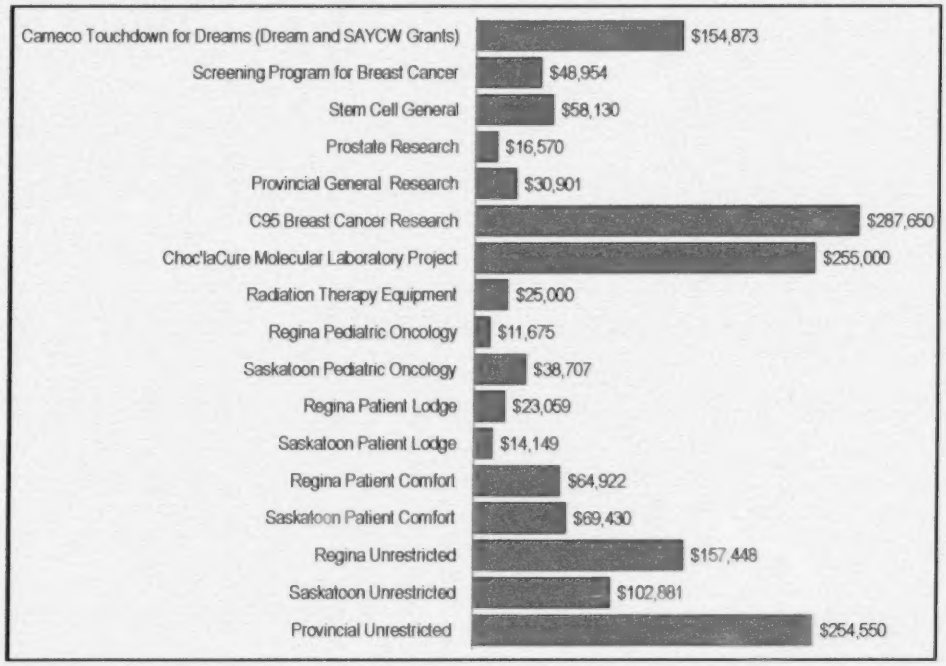
Prairie Women On Snowmobiles

Donors As Partners in Care

"It's inspiring that people in this province want to be a part of our work," Livingstone said. "Individual donors and those who raise funds through events are all part of our team in providing care and programs for Saskatchewan people."

From Wyatt Miller, a 16-year-old 4-H member in Grandora who raised over $40,000 by cutting his hair and selling his Simmental steer, to Prairie Women On Snowmobiles who travelled 1,800 kms in Saskatchewan to raise more than $36,000, people in this province are engaged in helping the Saskatchewan Cancer Agency.

This year funds were received for:



BETTER CARE

Prostate Treatment and Stereotactic Radiation Therapy —Bringing Care Closer to Home

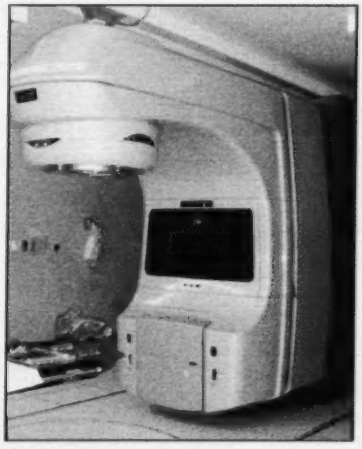
Over the last year, the Cancer Agency focused efforts on programs that would allow patients to receive treatment closer to home. Starting in May 2015, the first prostate high dose (HDR) brachytherapy treatment was delivered in the province for the first time in approximately 10 years. This treatment is rapidly becoming the standard of care for men with intermediate to high-risk prostate cancer. It can be delivered in a shorter time frame with better outcomes for patients than external beam radiation therapy alone.

The Heart of Our Work

"This was a true team effort with staff from several departments coming together to deliver patient and family-centred care," Livingstone explained. "The biggest success of this initiative is the fact that patients within Saskatchewan no longer have to leave the province for treatment."

During the year, 40 patients were treated with HDR brachytherapy.

The second initiative that we made significant progress on in 2015-16 was toward implementing an intracranial stereotactic radiosurgery (SRS) program, which began in March 2016. SRS is a technique that delivers a high dose of precisely targeted radiation using highly focused beams to a specific area of the brain to treat a tumour while minimizing the radiation effect on the surrounding normal brain tissue. Currently one patient has been treated using SRS. Annually approximately 30 patients who would have needed to receive treatment outside of Saskatchewan will now have the opportunity for care in Saskatoon.

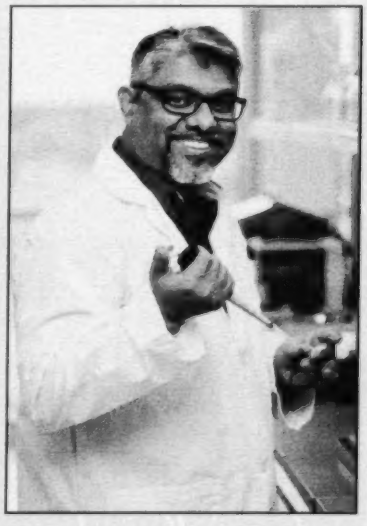


Telehealth

Additionally, to reduce the amount of time patients and families spent travelling, the Cancer Agency increased its use of Telehealth. Using secure video conferencing equipment, Telehealth enables a remote patient to 'visit' an out-of-town healthcare provider from their home community without having to travel. As one of the highest users of Telehealth, the Cancer Agency increased its usage by more than 100 per cent between 2014-15 and 2015-16.

Telehealth Appointments	2014/15	2015/16
Allan Blair Cancer Centre appointments	1,059	2,175
Saskatoon Cancer Centre appointments	629	1,170
Number of kilometres saved in patient travel (provincial)	589,692	1,554,680

"Telehealth allows patients to stay closer to home, saving them countless hours of driving." Livingstone remarked. "When our patients are less tired, have support from their friends, families and communities, their treatments and their outcomes are often better."



Dr. Franco Vizeacoumar

Research

Research can have a profound impact on providing better health for Saskatchewan people. Research has helped develop better drug regimens and can also help identify specific screening or early detection programs that can reduce the prevalence of cancer.

All of the researchers and scientists at the Cancer Agency work hard each year securing grants from other institutions and organizations to ensure their work can continue. In May, Dr. Franco Vizeacoumar, a Cancer Agency research scientist, and co-applicant Dr. Brian Eames from the University of Saskatchewan were awarded the second largest Canadian Foundation for Innovation infrastructure grant in the amount of $503,729. With matching funding from the Cancer Agency and the University of Saskatchewan the total grant amounts to $1.26 million.

The grant was awarded to the researchers for a high throughput molecular imaging platform. The grant will allow for the purchase of a core imager and plate-handling system configured with a wide-field fluorescence microscope system capable of automated fluorescence image capture from 96 well and 384-well plates of cells.

The Heart of Our Work

Funds were also secured for a liquid handling robot, a mechanical bioreactor and an arrayed genome-wide human ribonucleic acid (RNA) interference (shRNA) library for systematic individual knockdown of each gene in the human genome.

This will enable high-throughput screens to be carried out to address a number of biological questions in the areas of cancer cell biology and osteoarthritis.

"We want to know what the pathways are that drive tumour formation – and to do this we need to build a roadmap," explained Vizeacoumar in an article published by the College of Medicine. "Just like Google maps tell us which streets connect location A to B, and how we can intersect these pathways to selectively block them."

The hope is that the map would then help in figuring out where the cellular mutation occurs that leads to the 'turning-on' of the cancer.

"If we can develop the hi-resolution maps, just like the street maps, then we'll know who the ultimate culprit is," Vizeacoumar continued. "(Then we) know where we have to target, and how we can kill the cancer cells alone."

BETTER VALUE

"This RPIW is an example of how little improvements can make a big difference to the overall flow of a space and can improve the patient's experience in the process."

–Scott Livingstone

Continuous Improvement

The Cancer Agency is committed to continuous improvement, not just to reduce costs but to improve safety, efficiency and the client, patient and family experience. An example of this in action was the rapid process improvement workshop (RPIW) that took place in the Cancer Agency phlebotomy area.

The demand for phlebotomy services had increased by 80 per cent over the last 10 years with an average of 172 blood draws each week. Unfortunately our processes had not changed with the increased volume and the Cancer Agency was doing a combination of taking appointments and allowing walk-ins. A team of staff began looking at how can we ensure that each patient gets their blood drawn in a timely way so that there are no waits and patient care is not delayed. Together with a patient working alongside staff, improvements have been made:

- Phlebotomy staff now print off a daily patient list and patients are called in by appointment time which has resulted in a more regular flow
- There is now a specific process for booking patients and a set number of spots available
- The doors to the area were removed and patients are now asked to remove their jackets before their appointment resulting in better flow and a 40 per cent reduction in set-up time
- The entire time it takes for a patient to register, have their blood drawn and have staff update the stats in the electronic medical record was reduced by nine minutes and 43 seconds.

Patients have expressed their approval of the new processes that have been put in place, and today they are no longer waiting for phlebotomy services at their scheduled appointment time.

Using RPIWs to make improvements is just one example of the way the Cancer Agency is making changes in how we deliver care for patients.

The Heart of Our Work

Pan-Canadian Pharmaceutical Alliance

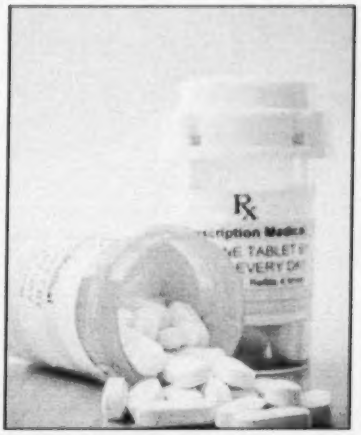
The cost of cancer care has grown over the last several years and there is an increase to the number of drugs that are becoming available for patient treatments. This year alone we introduced 15 new drug therapies. As an organization we are also spending $59.5 million on drug therapies and medical supplies. That's 36.5 per cent of our total budget.

The pan-Canadian Pharmaceutical Alliance has been an immensely important component in trying to reduce the cost of drugs.

MOVING FROM MISSION TO ACTION

In 2015-16 the Cancer Agency celebrated 85 years of caring for people, and that takes on many different forms—research, population health, early detection and prevention, treatment, programs and services, building partnerships, continuous improvement and much more. It's the sum of the collective efforts of staff working together that makes a difference and that takes the organization from mission to action. It's the work of staff that this report highlights.

"No healthcare organization is without challenges, but we have faced them this year with grace, with a strong desire to improve, and always with people at the heart of how we made decisions. We will continue this path as we move into the second year of our strategic plan and look towards providing the very best in cancer control for Saskatchewan people."



"I feel we truly have the very best staff who are dedicated to their work and to the people of this province. They want to do better today than they did yesterday. It's their efforts that make me proud to be part of the Saskatchewan Cancer Agency."

–Scott Livingstone

Progress by the Numbers

Clinical Services	Allan Blair Cancer Centre				Saskatoon Cancer Centre				Provincial Total			
	2012/13	2013/14	2014/15	2015/16	2012/13	2013/14	2014/15	2015/16	2012/13	2013/14	2014/15	2015/16
Number of New Patient Appointments												
- Medical oncology	1,491	1,635	1,570	1,448	1,434	1,564	1,501	1,600	2,925	3,199	3,071	3,048
- Radiation oncology	1,313	1,302	1,327	1,317	1,371	1,433	1,477	1,455	2,684	2,735	2,804	2,772
- Pediatric oncology	22	16	13	22	16	26	43	40	38	42	56	62
- Hematology	186	187	203	232	349	250	348	353	535	437	551	585
Number of Review Patient Appointments												
- Systemic oncology	14,746	15,781	16,488	15,655	9,417	16,060	17,317	17,592	24,163	31,841	33,805	33,247
- Radiation oncology	4,355	4,611	5,185	5,475	6,150	6,527	7,265	7,014	10,505	11,138	12,450	12,489
- Pediatric oncology	632	893	800	763	1,077	1,211	1,350	1,645	1,709	2,104	2,150	2,408
Radiation Therapy Workload Statistics												
- Treatment sessions started	928	908	960	946	1,001	1,016	1,054	993	1,929	1,924	2,014	1,939
- Fractions (number of treatment sessions)	17,938	16,891	17,605	16,749	20,025	19,492	20,650	19,777	37,963	36,383	38,255	35,873
- Fields (number of beams delivered)	89,146	93,813	107,563	93,736	92,850	89,488	109,302	75,389	181,996	183,301	216,865	169,125
Chemotherapy Treatments												
- Treatment visits	8,418	8,996	9,318	9,683	9,925	10,489	11,055	11,458	18,343	19,485	20,373	21,141
- Number of patients	1,189	1,258	1,288	1,266	1,379	1,484	1,534	1,528	2,568	2,742	2,822	2,794

Access	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
	2012/13	2013/14	2014/15	2015/16	2012/13	2013/14	2014/15	2015/16	2012/13	2013/14	2014/15	2015/16	2012/13	2013/14	2014/15	2015/16
Number of Days Between Referral and First Appointment (90th percentile)																
- Medical oncology	56	57	69	69	55	55	73	72	67	70	72	75	63	72	71	68
- Radiation oncology	41	38	49	48	52	42	60	45	42	46	53	57	59	49	71	51
Number of Days Between Ready to Treat and First Treatment (90th percentile)																
- Chemotherapy	13	11	15	13	13	13	15	11	13	14	12	13	13	15	12	13
- Radiation therapy	14	18	16	20	15	14	15	19	18	14	15	18	18	17	20	19

Stem Cell Transplants	2012/13	2013/14	2014/15	2015/16
Number of allogeneic transplants	23	22	22	9
Number of autologous transplants	30	44	53	40
Number of patients sent out of province	2	4	2	0

Progress by the Numbers

Pharmacy Services	2012/13	2013/14	2014/15	2015/16
Number of Oral Prescriptions Processed				
- Allan Blair Cancer Centre	22,857	30,240	26,666	24,658
- Saskatoon Cancer Centre	29,601	37,363	28,128	32,431
- Provincial	52,458	67,603	54,794	57,089
Number of IV Medications - Inpatient				
- Allan Blair Cancer Centre	3,388	3,555	3,034	2,459
- Saskatoon Cancer Centre	1,760	2,665	2,931	3,208
- Provincial	5,148	6,220	5,965	5,667
Number of IV Medications - Outpatient				
- Allan Blair Cancer Centre	22,047	22,927	22,944	21,875
- Saskatoon Cancer Centre	21,933	23,869	25,415	24,468
- Provincial	43,980	46,796	48,359	46,343
Number of COPS Orders Dispensed				
- Through the Allan Blair Cancer Centre	4,908	4,714	5,644	7,042
- Through Saskatoon Cancer Centre	3,883	4,108	4,622	5,790
- Provincial	8,791	8,822	10,266	12,832

Clinical Trials	2012/13	2013/14	2014/15	2015/16
Number of patients enrolled to a clinical trial	169	125	136	89
Per cent of new patients enrolled	5%	3.1%	3.4%	2.2%

Community Oncology Program of Saskatchewan	2012/13	2013/14	2014/15	2015/16
Number of patients	1,564	1,713	1,877	1,786
Number of treatment visits	8,576	10,928	12,153	12,948
Number of kilometres saved in patient travel	5,640,000	7,221,900	3,735,707*	3,953,018

*Measurement methodology changed in 2014/15 that takes other factors into consideration beyond distance just to Regina and Saskatoon

Number of Influenza Vaccines	2012/13	2013/14	2014/15	2015/16
Patients	797	593	944	827
Family and caregivers	489	315	575	574
Staff	NA	428	599	408

Safety	2012/13	2013/14	2014/15	2015/16
Sick leave hours per FTE	64.19	61.07	62.34	65.72
Wage-driven premium hours per FTE	18.26	21.40	16.95	14.21
Lost time workplace injuries per 100 FTEs	.71	1.01	0.63	0.62
Critical Incidents	0	0	1*	1**
Falls	N/A	N/A	19 patients	12 patients
			11 staff	13 staff

*No patients or individuals were harmed, rather this incident stems from a delay in notifying clients of abnormal test results for the Screening Program for Colorectal Cancer.

**One client, later diagnosed with cancer, was potentially harmed due to a missed opportunity to receive testing through the Screening Program for Colorectal Cancer. The Cancer Agency has completed the root cause analysis and corrective actions were taken to address the gaps.

Progress by the Numbers

Screening Program for Breast Cancer	2012/13	2013/14	2014/15	2015/16
Number of screening mammograms on the mobile unit	6,136	8,390	8,137	9,022
Number of screening mammograms at the Regina centre	10,699	11,488	10,999	10,305
Number of screening mammograms at the Saskatoon centre	8,846	8,445	8,803	8,613
Satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	10,995	10,744	10,205	10,314
Total number of mammograms	36,676	39,067	38,144	38,254
	April 2011-March 2013	April 2012-March 2014	April 2013-March 2015	April 2014-March 2016
Participation rate	41.1%	41.5%	41.0%	40.3%

Prevention Program for Cervical Cancer	2012/13	2013/14	2014/15	2015/16
Number of Pap tests completed in health regions	106,267	103,368	100,257	97,628
	April 2010-March 2013	April 2011-March 2014	April 2012-March 2015	April 2013-March 2016
Participation rate (non-hysterectomy corrected)	59.2%	57.8%	55.6%	55.2%

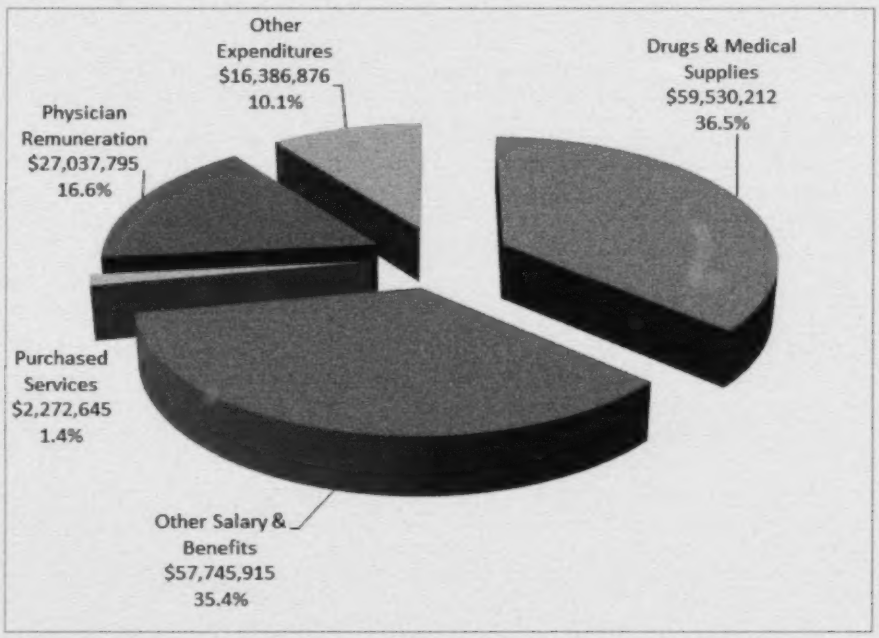
Screening Program for Colorectal Cancer	April 2011-March 2013	April 2012- March 2014	April 2013-March 2015	April 2014-March 2016
Number of people who have completed at least one fecal immunochemical test (FIT)	51,892	111,537	148,466	154,831
Participation rate	18.1%	37.9%	48.9%	50.0%

Agency-Funded Research Grants	Researcher	Award Period	Total Amount Awarded	2015/16 Amount Awarded
Regulation of PTEN in breast cancer cells	Dr. Deborah Anderson	2014-16	$200,000	$100,000
Exploiting the defective genome of the cancer cells by synthetic lethality	Dr. Franco Vizeacoumar	2014-16	$200,000	$100,000
Novel HER2-specific T cell-based vaccine expressing potent Th epitope P30 for enhanced therapeutic immunity against trastuzumab-resistant HER2-positive breast cancer	Dr. Jim Xiang	2014-16	$199,474	$99,737
Systematic approach to define chemical genetic interactions of HDAC inhibitors in breast cancer cells	Dr. Keith Bonham	2015-17	$200,000	$100,000

Financial Summary

In 2015-16 the Saskatchewan Cancer Agency's Operating Fund received revenues of $164.5 million and incurred expenditures of $163.0 million resulting in an excess of revenues over expenses of $1.5 million. The positive financial position was mainly the result of clinical staff vacancy savings related to timing of recruitment as well as higher than anticipated revenues and reductions in discretionary spending. As noted in the chart below, 90.0% of the Cancer Agency's operating expenditures in 2015-16 were on salaries, benefits, medical tests and drugs. In addition, the Cancer Agency administers a Capital Fund, Research Fund and Trust Fund. These restricted funds received revenues of $1.8 million and incurred expenditures of $5.9 million in 2015-16.

In 2015-16, the Cancer Agency funded five new drug programs and seven new indications for existing drugs. All but one new indication was reviewed and recommended by the pan-Canadian Oncology Drug Review (pCODR). These drugs were then negotiated at the pan-Canadian Pharmaceutical Alliance (pCPA), resulting in savings in drug costs. In addition, due to intense negotiations by the Cancer Agency for drugs that are now generic or soon to have competition from generic drugs, the drug rebates for 2015-16 were higher than anticipated. The cost sustainability strategy of national buying and negotiations is expected to continue in future years and expand into other areas, such as capital equipment.



As patients continue to live longer with cancer, the associated increase in staff workload and expansion of services is resulting in ongoing significant space pressures at our two cancer centres. In 2015-16, the Cancer Agency completed the consolidation and centralization of off-site staff into one location in the Harbour Landing Business Park. This also allowed more non-clinical staff to move to this new location and out of the Allan Blair Cancer Centre, making more space available at the cancer centre for treatments and for clinic staff providing direct patient care. Planning for a renovation of the third floor of the Saskatoon Cancer Centre also began in 2015-16. This space, formerly occupied by the research department until their move to the University of Saskatchewan's Academic Health Sciences Building, will be utilized mainly for patient chemotherapy treatments.

Advances in cancer treatments and technology continue to emerge, which creates pressure to acquire new equipment. The annual planning process for capital equipment helps us to identify the highest priority areas for allocation of capital funding and to communicate funding needs to the Ministry of Health. One of the strategic priorities that got underway in 2015-16 is the creation of a multi-year capital plan which will be updated annually and used for planning purposes. This will allow us to more effectively communicate our longer-term capital equipment needs to the Ministry of Health and other stakeholders on a regular basis.

In 2015-16, we continued with the renovations necessary to accommodate a fourth linear accelerator at the Allan Blair Cancer Centre, with the completion of the renovations and the delivery of the new machine scheduled in the 2016-17 fiscal year. As well, equipment was purchased for a new program offering stereotactic radiosurgery (SRS) at the Saskatoon Cancer Centre. This recently implemented program is allowing patients to receive SRS treatments in Saskatchewan for the first time, eliminating the need for them to travel to another province for these treatments.

Management Report

The accompanying financial statements are the responsibility of management and are approved by the Saskatchewan Cancer Agency Board of Directors. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Cancer Agency's assets are safeguarded and the financial records are relevant and reliable.

The Saskatchewan Cancer Agency Board of Directors delegates the responsibility of reviewing the financial statements and overseeing management's performance in financial reporting to the Audit Committee of the board. The Audit Committee meets with management to discuss and review financial matters and recommends the financial statements to the Cancer Agency for approval. The Cancer Agency approves the annual report and, with the recommendation of the Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.

Scott Livingstone
President and Chief Executive Officer

Margaret Lewis
Chief Financial Officer

May 27, 2016

Independent Auditor's Report

PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2016, and the statement of operations, statement of changes in fund balances and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2016, and the results of its operations and cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Judy Ferguson

Regina, Saskatchewan
May 18, 2016

Judy Ferguson, FCPA, FCA
Provincial Auditor

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Statement 1

SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Research Fund	Restricted Funds: Trust Fund	March 31, 2016	March 31, 2015
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 3,057,118	$ 7,874,147	$ 648,878	$ 4,959,738	$ 16,539,881	$ 18,835,417
Accounts receivable:						
- Ministry of Health – General Revenue Fund	477,607	—	—	—	477,607	287,500
- Other	3,868,491	7,344	—	6,201	3,882,036	3,013,949
Inventory	6,797,507	—	—	—	6,797,507	6,591,101
Prepaid expenses	522,588	—	—	—	522,588	902,872
Due (to) from other funds	401,089	370,802	—	(771,891)	—	—
	15,124,400	8,252,293	648,878	4,194,048	28,219,619	29,630,839
Investments (Schedule 1)	2,000,805	904,292	—	1,422,501	4,327,598	5,852,096
Capital assets (Note 4)	—	22,303,763	—	—	22,303,763	24,520,167
Total Assets	$ 17,125,205	$ 31,460,348	$ 648,878	$ 5,616,549	$ 54,850,980	$ 60,003,102
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	$ 5,899,722	$ 325,615	$ —	$ 43,276	$ 6,268,613	$ 6,638,849
Accrued salaries (Note 13)	3,131,495	—	—	—	3,131,495	2,509,340
Vacation payable	1,558,654	—	—	2,942	1,561,596	1,480,608
Deferred revenue (Note 7)	268,437	—	—	—	268,437	3,296,564
	10,858,308	325,615	—	46,218	11,230,141	13,925,361
Long-Term Liabilities						
Employee future benefits (Note 9)	2,412,900	—	—	—	2,412,900	2,291,100
Total Liabilities	13,271,208	325,615	—	46,218	13,643,041	16,216,461
Fund Balances						
Invested in capital assets	—	22,303,763	—	—	22,303,763	24,520,167
Externally restricted (Schedule 2)	—	2,074,684	648,878	4,095,152	6,818,714	7,319,255
Internally restricted (Schedule 3)	3,853,997	6,756,286	—	1,475,179	12,085,462	11,947,219
Fund balances	3,853,997	31,134,733	648,878	5,570,331	41,207,939	43,786,641
Total Liabilities & Fund Balance	$ 17,125,205	$ 31,460,348	$ 648,878	$ 5,616,549	$ 54,850,980	$ 60,003,102
Contractual Obligations (Note 5)						

Ron Waschuk
Board Chair
Saskatchewan Cancer Agency

Howard Crofts, FCPA FCA
Audit Committee Chair
Saskatchewan Cancer Agency

(The accompanying notes and schedules are part of these financial statements.)

Statement 2

SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2016	Total 2015	Capital Fund 2016	Research Fund 2016	Trust Fund 2016	Total 2016	Total 2015
REVENUES							
Ministry of Health – General Revenue Fund	$ 161,221,129	$ 154,365,044	$ 56,000	$ —	$ —	$ 56,000	$ 1,955,000
Grants	837,471	795,440	—	—	—	—	—
Donations and bequests	—	—	—	—	1,613,899	1,613,899	1,838,825
Investment income	147,956	224,964	106,469	4,784	54,102	165,355	231,299
Other revenues	2,321,456	2,613,164	—	—	—	—	161,660
	164,528,012	157,998,612	162,469	4,784	1,668,001	1,835,254	4,186,784
EXPENSES							
Salaries and employee benefits	84,783,711	80,538,629	—	—	168,198	168,198	154,795
Drugs and medical supplies	59,530,211	57,877,572	—	—	—	—	—
Purchased services	2,272,645	2,133,030	—	—	—	—	—
Other expenses	16,386,876	16,550,066	—	—	439,963	439,963	1,256,859
Research grants (Schedule 4)	—	—	—	419,737	—	419,737	756,207
Amortization	—	—	4,775,021	—	—	4,775,021	4,450,389
Loss/(gain) on disposal of capital assets	—	—	165,606	—	—	165,606	35,493
	162,973,443	157,099,297	4,940,627	419,737	608,161	5,968,525	6,653,743
Excess (deficiency) of revenues over expenses	$ 1,554,569	$ 899,315	$ (4,778,158)	$ (414,953)	$ 1,059,840	$ (4,133,271)	$ (2,466,959)

(The accompanying notes and schedules are part of these financial statements.)

Statement 3

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31

2016	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
Fund balance, beginning of year	$ 2,299,428	$ 35,258,896	$ 597,094	$ 5,631,223	$ 43,786,641
Excess (deficiency) of revenues over expenses	1,554,569	(4,778,158)	(414,953)	1,059,840	(2,578,702)
Interfund transfers (Note 8)	---	653,995	466,737	(1,120,732)	---
Fund balance, end of year	$ 3,853,997	$ 31,134,733	$ 648,878	$ 5,570,331	$ 41,207,939

2015	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
Fund balance, beginning of year	$ 8,600,113	$ 30,562,124	$ 164,724	$ 6,027,324	$ 45,354,285
Excess (deficiency) of revenues over expenses	899,315	(2,221,285)	(753,122)	507,448	(1,567,644)
Interfund transfers (Note 8)	(7,200,000)	6,918,057	1,185,492	(903,549)	---
Fund balance, end of year	$ 2,299,428	$ 35,258,896	$ 597,094	$ 5,631,223	$ 43,786,641

(The accompanying notes and schedules are part of these financial statements.)

Statement 4

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2016	Total 2015	Capital Fund 2016	Research Fund 2016	Trust Fund 2016	Total 2016	Total 2015
Cash provided by (used in):							
Operating Activities:							
Excess (deficiency) of revenues over expenses	$ 1,554,569	$ 899,315	$ (4,778,158)	$ (414,953)	$ 1,059,840	$ (4,133,271)	$ (2,466,959)
Net change in non-cash working capital (Note 3)	(1,727,846)	889,750	(2,362,631)	2,310	654,929	(1,705,392)	1,820,117
Amortization of capital assets	—	—	4,775,021	—	—	4,775,021	4,450,389
Loss/(gain) on disposal of capital assets	—	—	165,606	—	—	165,606	35,493
	(173,277)	1,789,065	(2,200,162)	(412,643)	1,714,769	(898,036)	3,839,040
Capital activities:							
Purchase of capital assets							
Buildings/construction/land	—	—	(4,000)	—	—	(4,000)	(127,018)
Leasehold improvements	—	—	(1,228,751)	—	—	(1,228,751)	(2,757,041)
Equipment	—	—	(1,491,472)	—	—	(1,491,472)	(1,829,298)
Proceeds on disposal of capital assets							
Equipment	—	—	—	—	—	—	—
	—	—	(2,724,223)	—	—	(2,724,223)	(4,713,357)
Investing Activities:							
Purchase of investments	—	—	—	—	(470,000)	(470,000)	(1,871,835)
Disposal of investments	1,000,000	1,450,000	500,000	—	470,000	970,000	1,873,000
	1,000,000	1,450,000	500,000	—	—	500,000	1,165
Net increase (decrease) in cash and short-term investments during the year	826,723	3,239,065	(4,424,385)	(412,643)	1,714,769	(3,122,259)	(873,152)
Cash and short-term investments, beginning of year	2,230,395	6,191,330	11,644,537	594,784	4,365,701	16,605,022	10,278,174
Interfund transfers (Note 8)	—	(7,200,000)	653,995	466,737	(1,120,732)	—	7,200,000
Cash and short-term investments, end of year	$ 3,057,118	$ 2,230,395	$ 7,874,147	$ 648,878	$ 4,959,738	$ 13,482,763	$ 16,605,022
Amounts in cash balances:							
Cash and short-term investments	$ 3,057,118	$ 2,230,395	$ 7,874,147	$ 648,878	$ 4,959,738	$ 13,482,763	$ 16,605,022

(The accompanying notes and schedules are part of these financial statements.)

SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

1. Legislative Authority

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Cancer Agency), pursuant to *The Cancer Agency Act*. The Cancer Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with Saskatchewan regional health authorities and health care organizations.

The Cancer Agency is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

The Cancer Agency is classified as a government not-for-profit organization. These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by the Chartered Professional Accountants of Canada (CPA Canada). The Cancer Agency has adopted the standards for government not-for-profit organizations, as set forth at PSA Handbook Section PS 4200 to PS 4270.

a) Fund Accounting

The accounts of the Cancer Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Cancer Agency including contributions from the Ministry of Health - General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Cancer Agency in capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The Research Fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations and contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Cancer Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized. Trust funds are managed under four principles – Transparency, Accountability, Stewardship and Controls on Authorization.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

c) Investments

Long-term investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond. Short-term investments are recorded at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined using the average cost method.

e) Tangible Capital Assets

Tangible capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Tangible capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3-20 years
Equipment and furniture	4-15 years

Donated tangible capital assets are recorded at their fair value at the date of contribution if readily determinable, otherwise they are recorded at nominal value.

f) Employee Future Benefits

i. Pension plan:

Employees of the Cancer Agency participate in a multi-employer defined benefit pension plan or a multi-employer defined contribution plan. The Cancer Agency follows defined contribution plan accounting for its participation in these plans. Accordingly, the Cancer Agency expenses all contributions it is required to make in the year.

ii. Disability income plan:

Out-of-scope employees of the Cancer Agency participate in a disability income plan to provide wage-loss insurance due to a disability. The Cancer Agency follows post-employment benefits accounting for its participation in the plans. Accordingly, the Cancer Agency expenses all contributions it is required to make in the year. In-scope employees of the Cancer Agency also participate in a disability income plan to provide wage-loss insurance due to a disability. This plan is administered through the Saskatchewan Government and General Employees' Union and the Cancer Agency has no financial obligation for the plan.

iii. Accumulated sick leave benefit liability:

The Cancer Agency provides sick leave benefits for employees that accumulate but do not vest. The Cancer Agency recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known. Significant items subject to such estimates and assumptions include the accrual of payroll and benefit costs and accrual of costs for services provided by regional health authorities.

h) Financial Instruments

Cash, short-term investments, accounts receivable, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Statement of Operations.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price.

Long-term investments are valued at par value plus or minus the amortization of premium or discount remaining in the life of the bond. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2016 (2015 – none), the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2016	2015	Capital Fund	Research Fund	Trust Fund	Total 2016	Total 2015
(Increase) decrease in accounts receivable	$ (1,089,773)	$ 258,724	$ 26,841	$ -	$ 4,738	$ 31,579	$ (12,031)
(Increase) decrease in inventory	(206,406)	632,989	-	-	-	-	-
(Increase) decrease in prepaid expenses	317,284	133,376	63,000	-	-	63,000	(60,228)
(Increase) decrease in due (to) from other funds	(132,336)	200,293	(481,832)	2,310	611,859	132,337	(200,294)
(Increase) decrease in financial instruments	1,610	9,750	14,008	-	8,880	22,888	30,253
Increase (decrease) in accounts payable	1,586,435	(760,711)	(1,984,648)	-	27,976	(1,956,672)	2,063,632
Increase (decrease) in accrued salaries	622,155	414,460	-	-	-	-	(556)
Increase (decrease) in vacation payable	79,512	(80,245)	-	-	1,476	1,476	(659)
Increase (decrease) in deferred revenue	(3,028,127)	(15,486)	-	-	-	-	-
Increase in employee future benefits	121,800	96,600	-	-	-	-	-
	$ (1,727,846)	$ 889,750	$ (2,362,631)	$ 2,310	$ 654,929	$ (1,705,392)	$ 1,820,117

4. Capital Assets

	March 31, 2016			March 31, 2015
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	$ $280,297	$ —	$ $280,297	$ $280,297
Buildings	23,992,440	20,448,708	3,543,732	4,026,491
Leasehold Improvements	18,150,753	11,666,473	6,484,280	6,306,467
Equipment and Furniture	40,815,707	28,820,253	11,995,454	13,906,912
	$ $83,239,197	$ $60,935,434	$ $22,303,763	$ $24,520,167

Work in progress amount included in the assets above is $1,190,378 (2015 - $3,496,383). This amount was not amortized in 2015/16.

5. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2016, contractual obligations for acquisition of capital assets are $3,181,143 (2015 - $3,244,199).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2017	$1,733,672
2018	1,764,978
2019	1,676,819
2020	1,614,663
2021	1,634,173

c) Contracted Health Services Operators

The Cancer Agency continues to contract on an ongoing basis with the regional health authorities to provide some services such as lab tests, diagnostic radiology, and housekeeping and maintenance services. Services provided in the year ending March 31, 2016 will continue to be contracted for the following fiscal year. In the year ended March 31, 2016, the Cancer Agency contracted services amounting to $7,761,079 (2015 - $7,109,139). Note 10 provides supplementary information on the regional health authorities.

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division (Society), previously donated two cancer patient lodges in the Province to the Cancer Agency. Under the terms of an agreement with the Society, the Cancer Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Cancer Agency so long as they are operated as cancer patient lodges. If the Cancer Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

As at March 31, 2016	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	$ 28,083	$ 27,083	$ ---	$ 1,000
- Colorectal screening initiatives	849,872	849,872	---	---
- Drug funding	2,222,207	2,222,207	---	---
- Infection control	56,000	56,000	---	---
- Sun Smart initiatives	40,000	40,000	---	---
- Lymphedema education	2,849	---	---	2,849
Total Ministry of Health Initiatives	**3,199,011**	**3,195,162**	**---**	**3,849**
Other Government of Saskatchewan Initiatives				
3sHealth – Smart Pump Program	$ ---	$ ---	$ 127,896	$ 127,896
Workforce Planning – Bursary Program	---	10,000	10,000	---
Total Other Government of Saskatchewan	**---**	**10,000**	**137,896**	**127,896**
Non-Government of Saskatchewan Initiatives				
Other revenue received in advance	$ 97,553	$ 99,993	$ 139,132	$ 136,692
Total Non-Government of Saskatchewan	**97,553**	**99,993**	**139,132**	**136,692**
Total Deferred Revenue	**$ 3,296,564**	**$ 3,305,155**	**$ 277,028**	**$ 268,437**

8. Interfund Transfers

Each year the Cancer Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants and reassigning fund balances to support certain activities.

	2016			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ ---	$ 653,995	$ ---	$ (653,995)
Research grants	---	---	466,737	(466,737)
Total	$ ---	$ 653,995	$ 466,737	$ (1,120,732)

	2015			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (6,700,000)	$ 6,918,057	$ ---	$ (218,057)
Research grants	(500,000)	---	1,185,492	(685,492)
Total	$ (7,200,000)	$ 6,918,057	$ 1,185,492	$ (903,549)

9. Employer Future Benefits

a) Pension Plan

Employees of the Cancer Agency participate in one of the following pension plans:

1. Public Employees Pension Plan (PEPP) (a related party) is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in salaries and employee benefits in Schedule 5.
2. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services at a ratio of 1.12 to 1. Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed. Pension expense for the year is included in salaries and employee benefits in Schedule 5.

	SHEPP	PEPP	2016 Total	2015 Total
Number of active members	62	690	752	739
Member contribution rate, percentage of salary	7.7% - 10%	7.25%		
Cancer Agency contribution rate, percentage of salary	8.62% - 11.2%	7.25%		
Member contributions (thousands of dollars)	$ 357	$ 3,461	$ 3,818	$ 3,641
Cancer Agency contributions (thousands of dollars)	$ 399	$ 3,533	$ 3,932	$ 3,725

Note - Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2016. Inactive members are not reported by the Agency.

b) Disability Income Plans

Employees of the Cancer Agency participate in the following disability income plans:

PEBA – Disability income plan for out-of-scope staff, administered by the Public Employees Benefits Agency. The Cancer Agency's financial obligation to this plan is limited to making the required payments to the plan according to the applicable agreement. Disability expense for the PEBA plan is included in salaries and employee benefits in Schedule 5 and is equal to the contribution amount below.

SGEU – Disability income plan for in-scope staff, administered by the Saskatchewan Government and General Employees' Union. The Cancer Agency has no financial obligation for this plan.

	PEBA	SGEU	2016 Total	2015 Total
Number of active members	139	664	803	785
Member contribution rate, percentage of salary	0.97%	1.30%		
Cancer Agency contribution rate, percentage of salary	1.12%	0.00%		
Member contributions (thousands of dollars)	$ 225	$ 450	$ 675	$ 643
Cancer Agency contributions (thousands of dollars)	$ 274	$ -	$ 274	$ 263

c) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The Cancer Agency has completed an actuarial valuation as of March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

	2016	2015
Discount rate (per annum)	2.40%	1.90%
Percentage earnings increase (per annum)		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over	0.00%	0.00%
Termination rates (sample rates)		
Age 20	0.119	0.119
Age 25	0.084	0.084
Age 30	0.056	0.056
Age 35	0.045	0.045
Age 40	0.035	0.035
Age 45	0.030	0.030
Age 50	0.025	0.025
Age 55	0.015	0.015
Age 60	0.010	0.010

	2016	2015
Accrued benefit obligation, beginning of year	$ 2,291,100	$ 2,194,500
Cost for the year		
Interest Expense	48,600	65,400
Benefits Expense	380,200	340,400
Benefits paid during the year	(307,000)	(309,200)
Accrued benefit obligation, end of year	$ 2,412,900	$ 2,291,100

10. Related Party Transactions

These financial statements include transactions with related parties. The Cancer Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Cancer Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2016	2015
Expenses		
Regina Qu'Appelle Regional Health Authority	$ 2,739,751	$ 2,408,828
Saskatoon Regional Health Authority	4,389,161	4,230,465
Public Employees Pension Plan	3,532,778	3,362,689
3sHealth	2,061,136	2,131,639
Other related parties	3,988,380	5,220,865
Total related party expenses	$ 16,711,206	$ 17,354,486
Prepaid Expenses		
Other related parties	$ —	$ 165,875
Total related party prepaid expenses	$ —	$ 165,875
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	$ 1,004,101	$ 437,699
Saskatoon Regional Health Authority	718,956	784,135
Other related parties	576,518	492,943
Total related party payable	$ 2,299,575	$ 1,714,777

In addition, the Cancer Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Cancer Agency is situated on land owned by the University of Saskatchewan. The Cancer Agency is not charged for the use of this land.

11. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for other financial instruments are disclosed separately in these financial statements.

b) Financial Risk Management

The Board ensures that the Cancer Agency has identified its major risks and ensures that management monitors and controls them. The Board oversees the Cancer Agency's systems and practices of internal control and ensures that these controls contribute to the assessment and mitigation of risk.

The Cancer Agency has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

c) Credit Risk

The Cancer Agency is exposed to credit risk from potential non-payment of accounts receivable. The majority of the Cancer Agency's receivables are from Saskatchewan Health – General Revenue Fund, other government organizations or suppliers with which the Cancer Agency has ongoing contractual relations. The Cancer Agency is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2016	2015
Cash and short-term investments	$ 16,539,881	$ 18,835,417
Accounts receivable		
Ministry of Health – General Revenue Fund	477,607	287,500
Other	3,882,036	3,013,949
Investments	4,327,598	5,852,096
	$ 25,227,122	$ 27,988,962

The Cancer Agency manages its credit risk surrounding cash and short-term investments by dealing solely with reputable banks and financial institutions and using an investment policy to guide their investment decisions. The Cancer Agency invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk

Market risk is the risk that market prices, such as foreign exchange rates or interest rates, will affect the Cancer Agency's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The Cancer Agency operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the Cancer Agency. The Cancer Agency believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the Cancer Agency to cash flow interest rate risk. The Cancer Agency's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As of March 31, 2016, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the Cancer Agency's financial instruments would have decreased or increased by approximately $252,271 (2015 - $278,890), approximately 5.8% of the value of investments (2015 - 4.8%).

(iii) Liquidity risk:

Liquidity risk is the risk that the Cancer Agency will not be able to meet its financial obligations as they become due. The Cancer Agency manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and from anticipated investing and financing activities.

At March 31, 2016, the Cancer Agency has a cash balance of $16,539,881 (2015 - $18,835,417).

(iv) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash and short-term investments are recorded at fair value as disclosed in Schedule 1, determined using quoted market prices.
- Long-term investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond, as disclosed in Schedule 1.

Determination of fair value:

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

12. Budget

Schedule 5 compares actual results to the 2015-16 budget plan approved by the Cancer Agency's Board of Directors on May 20, 2015.

13. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

14. Collective Bargaining Agreement

The Saskatchewan Government and General Employees' Union (SGEU) collective bargaining agreement was ratified during 2015-16 and all associated costs are included in these financial statements. The agreement expires on March 31, 2018.

Schedule 1

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF CASH AND INVESTMENTS
As at March 31, 2016

	Amortized Cost	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 13,482,763	---	0.75%	---
Long-term investments:				
Bank of Montreal GIC	500,000	10/24/16	1.83%	1.83%
Royal Bank of Canada Bond	904,292	12/08/16	2.65%	2.68%
Bank of Nova Scotia Bond	452,501	03/14/19	2.40%	2.46%
Bank of Nova Scotia GIC	470,000	01/15/18	1.75%	1.75%
	2,326,793			
Total restricted investments	$ 15,809,556			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 3,057,118	---	0.75%	---
Long-term investments:				
Province of Saskatchewan Savings Bond	1,500,805	08/23/16	4.43%	4.50%
Bank of Nova Scotia GIC	500,000	07/25/16	2.20%	2.20%
	2,000,805			
Total unrestricted investments	5,057,923			
Restricted and Unrestricted Totals				
Total cash and short-term investments	$ 16,539,881			
Total long-term investments	4,327,598			
Total Investments	20,867,479			

Schedule 2

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2016

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers and Other	Balance End of Year
Capital Fund	$ 2,501,297	$ 162,469	$ (589,082)	$ —	$ 2,074,684
Research Fund	597,094	4,784	(419,737)	466,737	648,878
Trust Fund	4,220,864	1,044,988	(305,213)	(865,487)	4,095,152
Total	$ 7,319,255	$ 1,212,241	$ (1,314,032)	$ (398,750)	$ 6,818,714

Schedule 3

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2016

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers and Other	Balance End of Year
Contingency Reserve [1]	$ 2,299,428	$ —	$ —	$ 1,554,569	$ 3,853,997
Capital Fund	8,237,432	—	(1,481,146)	—	6,756,286
Trust Fund	1,410,359	623,013	(302,948)	(255,245)	1,475,179
Total	$ 11,947,219	$ 623,013	$ (1,784,094)	$ 1,299,324	$ 12,085,462

[1] The operating fund balance is considered part of the contingency reserve as it supports the working capital position of the Cancer Agency.

Schedule 4

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2016

	2016	2015
Systematic approach to define chemical genetic interactions of HDAC inhibitors in breast cancer cells	100,000	-
Regulation of PTEN in Breast Cancer Cells	100,000	100,000
Exploiting the Defective Genome of Cancer Cells by Synthetic Lethality	100,000	100,000
Novel HER2-specific T Cell-Based Vaccine Expressing Potent Th Epitope P30 for Enhanced Therapeutic Immunity Against Trastuzumab-Resistant HER2-positive Breast Cancer	99,737	99,737
Exploiting the synthetic dosage lethal interactions of polo-like kinase 1 for triple negative breast cancer therapeutics	20,000	-
Regulation of FRK Expression in Breast Cancer Cells and Tumors	-	100,000
A Novel Grafting Strategy to Construct Antibodies Targeting EGFR, HER2 & HER3 as Therapeutics for Triple Negative and HER2 Positive Breast Cancers	-	100,000
CFI Matching Funds for the project "High Throughput Molecular Imaging Platform"	-	100,000
Mini Beam Radiation Treatment of Brain Tumor with High Energy Photons using Linear Accelerator	-	99,537
Novel T Cell-Based Vaccine Stimulates CTL Responses in Double Transgenic HER-2/HLA-A2 Mice and Eradicates Trastuzumab Breast Cancer in Athymic Nude Mice	-	45,000
The Development and Application of Novel Detector Technologies in Small Field, Stereotactic Radiosurgery and Stereotactic Body Radiotherapy Dosimetry	-	6,882
Outcome in Elderly Patients with Glioblastoma Multiforme	-	4,440
Treatment of Human Glioblastoma Multiforme (GBM) Xenografts with Direct Intra-Tumour Delivery of Targeted Anti-YB-1 Therapy using Cell Permeable Peptide (CPP) versus Liposomal Doxorubicin, alone or in combination with Collimated Microbeam Radiation	-	611
Total Grants	$ 419,737	$ 756,207
Breakdown		
Operating expense	$ 419,737	$ 756,207

Schedule 5

SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2016

	Operating Fund	
	Actual	Budget (Note 12)
REVENUES		
Ministry of Health - General Revenue Fund	$ 161,221,129	$ 160,766,078
Grants	837,471	630,000
Investment income	147,956	150,000
Other revenues	2,321,456	1,830,768
	164,528,012	163,376,846
EXPENSES		
Salaries and employee benefits	84,783,711	82,960,632
Drugs and medical supplies	59,530,211	61,702,903
Purchased services	2,272,645	2,530,159
Other expenses	16,386,876	16,183,152
	162,973,443	163,376,846
Excess of revenues over expenses	1,554,569	---
Interfund transfers (Note 8)	---	---
Net increase (decrease) in fund balance	$ 1,554,569	$ ---

	Restricted Funds					
	Capital Fund		Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES						
Ministry of Health	$ 56,000	$ 56,000	$ —	$ —	$ ---	$ ---
Donations and bequests	—	—	—	—	1,613,899	1,351,400
Investment income	106,469	87,200	4,784	2,100	54,102	84,500
Other revenues	—	—	—	—	—	—
	162,469	143,200	4,784	2,100	1,668,001	1,435,900
EXPENSES						
Salaries and employee benefits	—	—	—	—	168,198	286,017
Other expenses	—	—	—	—	439,963	919,861
Research grants (Schedule 4)	—	—	419,737	466,737	—	—
Depreciation	4,775,021	4,500,000	—	—	—	—
Loss/(gain) on disposal of capital assets	165,606	—	—	—	—	—
	4,940,627	4,500,000	419,737	466,737	608,161	1,205,878
Excess (deficiency) of revenues over expenses	(4,778,158)	(4,356,800)	(414,953)	(464,637)	1,059,840	230,022
Interfund transfers (Note 8)	653,995	1,360,500	466,737	466,737	(1,120,732)	(1,827,237)
Net increase (decrease) in fund balances	$ (4,124,163)	$ (2,996,300)	$ 51,784	$ 2,100	$ (60,892)	$ (1,597,215)

Schedule 6

SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2016

	2016						2015
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	Total [1]	Total
Board Chair:							
McMillan, Dr. Stewart [2]	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,777
Waschuk, Ronald [3]	9,960	9,356	10,143	15,066	-	44,525	28,941
Board Members:							
Crofts, Howard [4]	-	3,825	475	422	-	4,722	4,401
Finnie, Doug	-	2,063	825	1,550	-	4,438	4,190
Lumberjack, Marlene [4]	-	300	200	506	-	1,006	5,850
Night, Velma [4]	-	900	663	1,720	-	3,283	8,009
Streelasky, Dr. Walter	-	2,469	1,263	2,827	-	6,559	5,618
Ravis, Don [5]	-	2,263	525	1,571	-	4,359	2,205
Ahmed, Zeba [5]	-	2,200	275	1,122	3,654	7,251	1,527
Chabot, Lionel [6]	-	375	263	609	-	1,247	-
Total	$ 9,960	$ 23,751	$ 14,632	$ 25,393	$ 3,654	$ 77,390	$ 70,518

(1) Board Member remuneration will fluctuate from member to member based on the number of meetings and conferences that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province.

(2) Board Member resigned effective May 31, 2014.

(3) Board Member appointed interim Board Chair effective June 1, 2014 and appointed official Board Chair effective September 18, 2014.

(4) Board Members appointed effective February 7, 2013.

(5) Board Members appointed effective September 18, 2014.

(6) Board Member appointed effective March 1, 2016.

SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2016

	2016			2015	
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Total	Salaries, Benefits and Allowances [1,2]	Total
Scott Livingstone, Chief Executive Officer	$ 270,022	$ 8,010	$ 278,032	$ 312,429	$ 312,429
Dr. Monica Behl, Senior Medical Officer	500,344	-	500,344	484,677	484,677
Susan Bazylewski, VP, Care Services [3]	110,881	-	110,881	228,110	228,110
Corey Miller, VP, Care Services [3]	73,670	-	73,670	-	-
Dr. Jon Tonita, VP, Population Health, Quality & Research	193,636	810	194,446	214,199	214,199
Michele Arscott, Chief Financial Officer & VP Corporate Services [4]	54,968	405	55,373	198,624	198,624
Lauren Donnelly, VP Corporate Services [4]	37,609	-	37,609	-	-
Directors no longer in executive leadership team	-	-	-	175,436	175,436
Total	$ 1,241,130	$ 9,225	$ 1,250,355	$ 1,613,475	$ 1,613,475

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments and any other direct cash remuneration. The pay for performance plan has been suspended for the 2014-15 and 2015-16 fiscal years. Senior employees received 100% of their base salary for 2014-15 and 2015-16. Refer to note 13 for further details.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell phone, computer, etc., as well as any other taxable benefits.

(3) Susan Bazylewski retired October 1, 2015 and Corey Miller became the Vice-President, Care Services on November 30, 2015.

(4) Michele Arscott left the Agency on June 30, 2015. Lauren Donnelly became the Vice-President, Corporate Services on January 12, 2016. The Chief Financial Officer role now reports to this position and not directly to the CEO so is not included on this schedule.

Payee Disclosure List

For the year ended March 31, 2016

Personal Services

Listed are individuals who received payments for salaries,wages, honorariums, etc., which total $50,000 or more.

Abbs-West, Jenelle	$ 93,065	Boehm, Darryl	121,848
Adams, Krista	101,758	Bonham, Keith	149,106
Ahmad, Nazir	251,955	Bonnell, Gabriel	65,708
Ahmed, Raheel	62,780	Bradel, Theresa	203,562
Ahmed, Shahid	437,277	Braun, Nicole	81,963
Aird, Marcie	114,891	Brecht, Ron	103,597
Alexander, Andrew	134,229	Briggs, Sheri	100,032
Ali, Magdi	88,508	Britton, Aleksandra	64,453
Ali, S Kaiser	473,583	Brockman, Rhonda	80,979
Allen, Joanne	87,781	Broley, Chandra	57,273
Almasi, Karen	87,841	Brose, Kelsey	447,160
Alvi, Riaz	128,588	Brown, Shardelle	68,280
Anderson, Deborah	177,570	Browne, Kara	66,759
Andreas, J. Joe	98,553	Brunet, Bryan	439,938
Arhjoul, Lahcen	98,336	Bruse, Lydia	80,039
Arnold, Florence	101,539	Budd, Tanya	56,982
Arscott, Michele	55,373	Budz, Denise	136,254
Ash, Sheila	63,675	Bulych, Deborah	136,254
Asher, Allison	75,903	Bunko, Ada	91,294
Asif, Tehmina	215,646	Burdett, Susan	50,104
Aspen, Rebecca	111,439	Burke, Christine	50,955
Auditor, Ericka	61,234	Campbell, Lorna	88,127
Baisley, Julie-Ann	89,940	Carmichael, Karen	52,867
Baker, Sara	53,376	Carrington, Renee	50,912
Barilla, Tammy	54,831	Casavant, Corrine	58,393
Barnardo, Christopher	89,410	Cattet, Heather	91,775
Bazylewski, Susan	110,881	Caza, Alison	57,490
Beaman, Sharon	87,509	Chalchal, Haji	451,822
Beaule, Cindy	50,909	Cherland, Susan	54,820
Beckett, Craig	194,549	Choquette, Heather	103,021
Behl, Monica	500,344	Christenson, Kendra	82,293
Belitski, Renee	135,444	Clayton, Kimberly	89,311
Belous, Janice	85,553	Cole, Scott	80,362
Bernauer, Sandra	72,030	Colleaux, Dena	87,815
Berzolla, Wayne	92,785	Conklin, Sheldon	65,300
Bhowmik, Debashish	60,925	Cook, Darcy	89,934
Bichon, Carol	86,456	Corbin, Denise	65,316
Bilash, Tara	81,356	Coronado, Andrea	80,424
Bitz, Denise	51,593	Cosgrove, Eileen	52,001
Black, Megan	87,309	Coulter, Sheila	110,609
Blackwell, Maitland	87,929	Cowan, Sarah	87,256
Blazeiko, Jonathan	85,779	Crane, Amanda	74,521
Blazeiko, Courtney	88,395	Cranmer-Sargison, Gavin	169,852
Bleile, Lana	73,326	Crerar Koshuba, Robin	84,645
Bodnar, Carina	62,835	Crewson, Cody	83,404
Bodnarchuk, Timothy	80,906	Crittenden, Justine	84,401
Boehm, Deborah	58,535	Cross, Deborah	66,650

Crump, Jolene	101,971
Dacey Dudey, Christine	60,210
Dallorto, Suzanne	93,190
Danyluk, Patricia	113,719
Davies, Martie	82,094
Davis, Karen	104,385
Dawes, Jennifer	102,851
Deane, Mary	83,601
DeBruyne, Tami	70,969
Decker, Kathryn	53,121
Deng, Peng	87,331
Derrick, Peter	93,691
Desautels, Dayna	71,703
Deschamps, Michelle	111,211
Deters, Tim	93,517
Dewald, Carmen	59,379
Dockray, Leanne	72,441
Doell, Heather	108,772
Dolata, Wojciech	425,087
Donnelly, Lauren	163,866
Douglas, Leona	74,573
Dozorec, Tamera	50,519
Drever, Laura	132,171
Du Plessis, Francois	62,285
Dubyk, Courtney	54,163
Duchscher, Dana	93,207
Dupont, Kimberley	73,783
Dwernychuk, Lynn	107,633
Dyczkowski, Theresa	84,004
Edmunds, Laurie	79,451
Edwards, Trent	97,490
Efthimiou, Karen	99,253
El-Gayed, Ali	445,706
El-Sayed, Assem	341,573
Emara, Mohamed	267,978
English, Azure	102,120
Enyioma, Adaobi	74,857
Erickson, Heather	86,403
Esmail, Lina	78,166
Fan, Xiao Yan	50,227
Farrow, Delee	79,545
Farthing, Merle	53,089
Fay, April	94,549
Fehr, Kim	65,350
Ferguson, Michelle	377,785
Ferozdin, Sajjad	88,593
Fiddler, Kerri	86,507
Fiessel, Wanda	91,249
Filipchuk, Monica	82,130
Fisher, Jennifer	80,255
Fleck, Karyn	80,486
Florizone, Jackie	59,901
Flowers, Barbara	104,998
Fondrick, Lacey	51,307
Fong, Yvonne	74,956
Fontaine, Chelsey	99,728
Foord, Christel	58,598
Foote, Bertha	86,171
Forreiter, Dorothy	99,705
Fortowsky, Linda	72,242
Foster, Jenna	73,823
Foster, Kimberly	89,214
Fox, Pauline	86,231
Frank, Tracy	87,076
Galloway, Laurie	104,541
Gardiner, Donald	440,189
Garratt, Kevin	99,622
Gartner, Helen	83,991
Gawley, Barbara	68,316
Gebauer, Jillian	106,486
George, Theresa	66,615
George, Janet	89,489
Gerber, Laurie	92,289
Gerein, Brenda	88,543
Gervais, Amanda	87,881
Gesy, Kathy	136,254
Glasman, Wilhelmenia	54,563
Glass, Lisa	74,073
Glenister, Shannon	88,483
Glover, Frances	64,585
Good, Carlene	91,601
Goodman Chartier, Sandra	80,810
Goodyear, Genny	60,867
Goubran-Messiha, Hadi	439,933
Gray-Lozinski, Denise	72,019
Greuel, Morna	51,409
Grubor, Sasa	85,088
Gulka, Sandy	52,266
Haider, Kamal-Uddin	437,277
Hala, Karen	74,271
Haney, James	136,254
Haq, M. Mansoor	495,604
Hart, Caroline	153,000
Hastings, James	94,168
Hautz, Jo-Anne	91,601
Havervold, Bradley	140,887
Hawryluk, Wanda	57,675
Hegyi, Brandi	57,122
Heinrich, Arlene	84,919
Helfrick, Heather	86,958
Hepting, Jaclyn	90,758
Hiscock, Joelene	86,196
Hnenny, Vera	108,837
Ho, Jenny	59,358
Hobson, Raelene	85,071
Hodgins, Debra	101,896
Holmberg, Sarah	61,636
Holtz, Lynn	57,704
Holzapfel, Edith	92,785
Hordos, Janelle	90,883
Hornseth, Shyanne	81,492
Hosak, Rachelle	52,913

Houshmand, Shauna	85,444
Hrbachek, Laci	65,129
Hughes, Jillian	63,024
Hume, Amanda	53,599
Ingenthron, Nicole	81,699
Iqbal, Urooj	71,084
Iqbal, Mussawar	444,330
Islam, Mohammed	72,216
Ismail, Waleed Sabry	446,623
Jackson, Rose	71,217
Jameson, Brenda	150,899
Jan, Shalene	81,361
Jancewicz, Miroslav	449,619
Janzen, Tracie	81,173
Jelovic, Andrew	80,880
Johnson, Norine	53,091
Jones, Shannon	75,378
Jones, Brenda	102,361
Judd, Alison	58,982
Kaban, Susan	72,074
Kaldas, Mirit	171,107
Kaminski, Doug	86,381
Kasper, Amanda	78,311
Keffer, Melodie	63,881
Kennedy, Carol	52,105
Kennedy, Donna	71,153
Kerviche, Annette	53,037
Keuler, Lisa	62,854
Kindrachuk, Marg	72,173
Kish, Donna	89,364
Knox, Brittany	58,641
Kolosnjaji, Aleksander	94,405
Kondra, Erica	87,464
Koo, Kellen	55,774
Kosloski, Judy	60,509
Kovacs, Cindy	82,424
Kowbel, Beverly	110,105
Kozie, Serena	84,456
Krakalovich, Helena	83,246
Kreis, Carie	53,925
Kroeker, Dana	91,710
Kruger, Lana	100,500
Kundapur, Vijayananda	447,111
Kuyek, Sherry	85,549
Lacey, Kevin	177,608
Lamontagne, Nicole	65,932
Landry, Serena	79,131
Langston, Danielle	96,168
Lariviere, Tanya	58,826
Lauridsen, Debra	63,946
Le, Jane	88,317
Le, Duc	437,496
Legare, Angela	85,744
Leong, Nelson	368,863
Lewis, Margaret	129,994
Li, Allen	83,599
Livingstone, Scott	278,032
Lobzun, Kevin	95,506
Logan, Rebecca	101,920
Lomenda, Vanessa	77,627
Lulik, Deborah	58,410
Luoma, Sheri	54,296
Luterbach, Sharon	80,360
Ly, Ketsia	83,972
Lyons, Barry	121,934
MacDonald, Janice	62,000
MacDonald, Wanda	64,000
MacDonald, Colin	87,541
MacEdward, Kathy	91,557
Magosse, Matt	86,503
Mah Vuong, Pearl	57,726
Mahlum, Clifford	69,631
Mahmood, Shazia	476,695
Mann, Mary Ellen	62,619
Marchant, Kristin	103,503
Martin, Stacy	65,936
Martinson, Alexandra	103,492
McAllister, Gordon	208,116
McBride, Colleen	56,258
McDougall, Cheryl	78,380
McDougall, Christine	86,929
McEwen, Denise	67,619
McEwen, Kirstin	103,267
McGregor, Cherith	79,833
McKay, Courtney	79,505
McKenzie, Jennifer	94,012
McLean, Jessica	88,685
McMurphy, Denise	51,516
McVicar, Laurie	61,297
Mehmood, Asif	83,920
Mendoza, Mary	50,523
Mensch, Jackie	100,318
Miller, Corey	73,670
Milligan, Laurey	81,376
Mohamed, Mohamed	179,925
Molde, Kelli	77,265
Morris, Joan	93,585
Mulligan, Louise	53,072
Muz, Lori	89,408
Nagyl, Kali	65,034
Narasimhan, Gopinath	106,071
Neufeld, Rebekah	55,878
Neufeld, Leah	93,995
Newton, Lisa	65,600
Nicholson, Kara	101,358
Nickel, Sharon	91,736
Nilson, Linda	199,745
Nistor, Gail	63,947
Norman, Pamela	54,763
Norman, Carla	62,174
Nygaard, Tracy	58,155
Olesen, Natasha	87,346

Olson, Colleen	110,024
O'Neill, Darcie	86,579
Othman, Ibraheem	416,125
Otitoju, Chantel	72,470
Padbury, Kristen	86,517
Padbury, Reg	156,803
Padia, Jignesh	92,785
Palmer, Anna-Liza	51,448
Palmer, Leah	98,542
Patel, Nilesh	98,334
Patterson, Janet	88,679
Pearce, Laurie	71,558
Pearson, Derek	410,490
Pegg, Jessica	60,724
Pekar, Julius	132,020
Pelletier, Devon	85,975
Penley, Robert	97,323
Penna, Stephanie	50,883
Perry, Annamae	69,108
Perry, Chantal	94,156
Pettigrew, Deanne	61,645
Phillips, Zoe	88,546
Phillips, Leah	107,357
Piercy, Bonnie	65,938
Pierlot, Joan	102,222
Piper, Jaimie	92,785
Pituley, Harriette	110,291
Pollock, Lenore	57,721
Procyk, Bernadette	63,946
Prodaehl, Coralee	65,533
Pryor, Rick	90,926
Qureshi, Kahekashan	312,349
Ramos Moguel, David	60,618
Reichert, Brian	103,147
Ren, Jiyun	93,706
Richard, Maeghan	88,378
Ripplinger, Yvonne	63,749
Robb, Karen	69,918
Robertson, Nicole	73,296
Robertson, Kathy	87,639
Robson, Laura	57,844
Rosenkranz, Kelsey	68,558
Roszell, Donald	113,973
Russell, Nancy	60,481
Russell, Elaine	85,486
Russill, Darla	51,305
Ryan, Susan	60,578
Sami, Amer	437,277
Sapieha, Shannon	75,620
Sarker, Sabuj	105,979
Schaffel, Donna	51,307
Schiltz, Colette	94,267
Schlichemeyer, Darlene	51,353
Schmidt, Dakota	50,870
Schmidt, L. Marlene	83,578
Schmidt, Bruce	95,199
Schondelmier, Rhonda	56,339
Schulz, Marcia	57,270
Schumann, Irmgard	91,189
Schwartz, Lyndon	102,702
Sebastian, Shauna	91,930
Senft, Beverley	88,489
Shaw, Judy	87,840
Shewchuk, Ashley	59,216
Shinkewski, Patty	73,739
Shuflita, Laureen	56,359
Shular, Brenda	105,987
Sigurdson, Jo Anne	102,639
Simon, Jennifer	51,532
Sirdar, John	96,978
Siriban, Joseph	76,408
Smetaniuk, James	79,781
Smikle, Shelly-Ann	60,444
Smith, Amy	53,280
Smith, Lauralee	60,335
Smith, Jocelyne	94,797
Sollid, David	101,071
Sorsdahl, Lisa	79,744
Souriyavong, Viravong	70,704
Stacey, Kyle	63,304
Starosta, Joann	90,110
Stewart, Elaine	87,280
Stoppler, Stacey	50,211
Strachan, Heather	51,665
Strawson, Chantal	92,144
Stroshein, Irene	58,536
Struck, Karly	52,319
Struzycki, Kyle	68,085
Stuart-Panko, Heather	107,632
Stuckel, Renee	82,576
Sundaram, Vinita	223,405
Switzer, Landon	88,287
Tai, Patricia	442,293
Taylor, Sarah	62,141
Taylor, D. Arron	113,870
Templeton, Wendie	86,607
Tenezaca, Raquel	57,266
Tessier, Lindsay	59,490
Thain, Caroll	105,172
Thiesson, C. Scot	98,726
Thompson, Cheryle	93,595
Thompson, Anna-Maria	101,361
Thue, Deanna	79,216
Thurber, Colleen	75,673
Tiefenbach, Paula	71,829
Tinline, Paula	89,955
Tonita, Jon	194,446
Toon, Brenda	88,792
Topola, Melody	52,172
Torri, Vamsee	241,686
Trainberg, Sandra	96,945
Trecker, Molly	82,844

Treppel, Diane	102,731
Turley, Dominic	92,643
Tyacke, Alisha	50,453
Tyndall, Joanne	55,488
Ullrich, Sherrill	70,711
Usher, Barbara	79,966
Uz Zaman, Mohammad	65,495
Valentini, Vanessa	80,151
Vandenameele, Angela	59,396
Vandenberg, Jennifer	52,100
Vander Kooy, Kimberly	72,581
Venekamp, Jason	58,214
Venugopal, Niranjan	136,636
Villeneuve, Carissa	87,665
Vizeacoumar, Franco	103,765
Wacker, Steven	97,397
Waldbauer, Alison	91,746
Wall, Alana	87,850
Wallace, James	92,785
Warren, Joyce	102,753
Wasylenchuk, Gladys	140,613
Watson, Pauline	64,258
Watts, Tracy	51,870
Weigel, Tamara	96,253
Weinrich, Ian	80,469
Weir, Linda	126,156
Wenaus, Cori	91,397
Wendel, Jeana	120,089
Weppler, Richard	83,186
Weslowski, Lindsay	57,547
Westad, Anne	87,461
Whelan, Jennifer	51,931
Whiting, Cheryl	120,324
Whittle, Alison	109,799
Wiens, Stacey	81,520
Wilson, Marlo	58,535
Wilson, Khristine	103,908
Wlodarczyk, Lauren	86,086
Woitas, Carla	66,680
Wood, Valerie	92,000
Woodrow, Nicole	87,046
Woodside, Lisa	52,455
Woodward, Joanne	85,498
Wright, Philip	442,301
Wyant, Peter	92,738
Xiang, Jim	164,112
Yadav, Sunil	437,277
Yarotski, Barbara	58,620
Young, Jana	63,556
Younis, Moftah	193,242
Youssef, Hanaa	55,756
Yuzik, Patricia	98,920
Zaba, Donna	87,354
Zahayko, Michelle	65,938
Zarkovic, Mirjana	445,437
Zatylny, Paula	74,648
Zerff, Terry-Lynn	120,864
Zhu, Tong	106,519
Ziegler, William	103,002
Zimmer, Natasha	105,026

Payee Disclosure List

For the year ended March 31, 2016

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

3sHealth	$ 471,369	Jazz Pharmaceuticals Canada Inc. (EUSA Pharma Inc)	329,977
A&D Wholesale Ltd.	98,515	Jooravan & Rattan Medical Professional Corporation	74,250
Dr.Tahir Abbas Medical Professional Corporation	468,621	K-BRO Linen Systems Inc.	62,262
Abbvie Corporation	2,395,747	Lawlor, Dr. B.	75,988
A.Ahmed Medical Professional Corporation	384,150	LEADcoach Canada Inc.	251,738
Alberta Health Services	278,669	Dr.Kevin Ledding Medical Professional Corporation Inc.	94,500
Dr. A. Amjad Medical Professional Corporation	474,029	Macquarie Equipment Finance Ltd.	260,935
Artificial Intelligence in Medicine Inc (AIM)	65,305	Dr.Rebecca MacKay Medical Professional Corporation	273,963
Dr. Muhammad Aslam Medical Professional Corporation	462,092	Mallinckrodt Canada ULC	85,438
Associated Radiologists - Saskatoon	335,380	Mamawetan Churchill River Health Region	153,025
Baxter Corporation	628,861	Marsh Canada Limited	134,051
Bayer Inc.	168,388	Dr. A. Paul Masiowski Medical Professional Corporation	69,000
Beckman Coulter Canada LP	88,226	McKesson Canada	12,313,621
Biomed Recovery & Disposal	78,413	McKesson Distribution Partners	3,671,624
Dr. Mark Bosch Medical Professional Corporation Inc.	463,559	Melemary Medical Professional Corporation	475,581
HBI Office Plus Inc.	54,831	Merck Canada Inc.	407,749
Bristol-Myers Squibb Canada	2,924,080	Minister of Finance	106,656
Dr.Tanya Brown Medical Professional Corporation	475,552	Minister of Finance-Central Services	183,962
BTS Group Inc.	83,202	Dr. O. Moodley Medical Professional Corporation	484,176
Canadian Blood Services	189,957	MPATH Engagement Inc.	99,900
Canadian Medical Protective Association	120,597	Dr. C. Mpofu Professional Corporation	548,352
Canadian Pharmaceutical Distribution Network	30,636,135	NewWest Enterprise Property Group (Sask) Inc.	967,267
Cancercare Manitoba	94,636	NexJ Systems	72,179
Card, Dr. Robert T.	88,308	Novartis Pharma Canada Inc.	5,330,541
CDR Systems Inc.	56,050	Otsuka Canada Pharmaceutique	80,937
Celgene Inc.	7,653,417	Paradigm Consulting Group Inc.	349,559
Chittronics	151,376	PCL Construction Management Inc.	212,827
City of Saskatoon	58,752	Philips Healthcare	94,789
College of Physicians & Surgeons of Saskatchewan	67,790	Prairie North Health Region	101,182
Colliers McClocklin Real Estate Corp.	568,830	Prairie Advertising Direct Mail Specialists	1,486,438
Covidien	65,805	Prince Albert Parkland Health Region	253,599
Crestline Coach Ltd.	237,332	Provincial Health Services Authority	110,446
Crown Enterprises Ltd.	66,905	Purolator Courier Ltd.	64,562
Cypress Health Region	107,132	Radiology Associates of Regina	520,884
Derby Holdings Ltd.	110,462	Regina Qu'Appelle Health Region	2,739,751
Diners Club	57,168	Richardson Duffy Holdings	106,631
Ebsco Canada Ltd.	80,935	Royal Bank Visa - Payment Centre	221,581
eHealth Saskatchewan	206,059	Dr.Evgeny Sadikov Medical Professional Corporation	461,265
Eisai Limited	127,214	Dr. Muhammad Salim Medical Professional Corporation	519,132
Elekta Canada Inc.	203,748	Sask Govt Employees Union	1,060,522
ESTI Consulting Services	59,123	Sask Power	52,021
Evolution Presentation Technologies Ltd.	83,097	Saskatchewan Registered Nurses Association	55,687
Ferring Inc.	368,910	Saskatoon Health Region	4,389,161
Five Hills Health Region	79,438	Sask Telecommunications	167,333
GE Healthcare Bio-Sciences Inc	75,441	Schaan Healthcare Products Inc	329,536
Generic Medical Partners	72,193	SDM Specialty Health Network Inc.	52,650
Genomic Health Inc.	392,450	Dr. David Sheridan, Medical Services, Professional Corporation	273,076
Glaxosmithkline	103,230	Siemens Canada Limited	134,688
GMD Distribution Inc.	181,320	Sigma-Tau Pharmaceuticals, Inc.	452,224
Golden West Broadcasting Ltd.	68,730	Smiths Medical Canada Ltd.	69,269
Grand & Toy Office Products	131,634	Somagen Diagnostics Inc.	544,720
Great-West Life Assurance Co.	345,606	South Pasqua Development	295,220
Greenlee Construction	113,928	Sperling, Brad	53,250
Harbour Landing Business Park Ltd.	509,625	Stantec Architecture Ltd.	192,623
Hospira Healthcare Corporation	638,092	Dr. Julie Stakiw Medical Professional Corporation	352,668
Innovative OncoSolutions Inc.	681,390	Dr. Derek Suderman Medical Professional Corporation	405,172
Innomar Strategies	145,430	Sunrise Health Region	90,817
Insight Canada	118,191	Teva Canada Limited	168,290
Inverness Consulting	438,194	Thyssen Elevator Ltd.	70,535
Dr.Nayyer Iqbal Medical Professional Corporation	506,281	University of Saskatchewan	1,324,471

Payee Disclosure List

Dr.Haresh Vachhrajani Medical Professional Corporation	493,555
Varian Medical Systems	1,514,436
J Venkatesh Health Care Consulting Inc	213,127
Walter's Industrial Mechanical Ltd.	232,729
WBM Office Systems	115,091
West Wind Aviation Ltd Partnership	88,865
Dr. A. Zaidi Medical Professional Corporation	465,481

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Public Employees Disability Income Fund - employer's share	256,320
Public Employees Pension Plan - employer's share	3,532,778
Receiver General for Canada :	
- Canada Pension Plan - employer's share	1,609,900
- Employment Insurance - employer's share	803,355
3S Health - Core Dental Plan	217,075
3S Health - Extended Health Care Plans	284,470
3S Health - In-Scope Health & Dental	1,088,222
Saskatchewan Healthcare Employees Pension Plan - employer's share	399,294
Workers' Compensation Board	607,101

Contact Us

The Saskatchewan Cancer Agency operates prevention and early detection programs, conducts innovative research and provides safe, patient and family-centred care at our two cancer centres. To watch a video that showcases our work, visit www.saskcancer.ca/excellence.

Saskatchewan Cancer Agency General Reception
639-625-2010

Allan Blair Cancer Centre (Regina)
306-766-2213

Regina Cancer Patient Lodge
306-359-3166

Saskatoon Cancer Centre
306-655-2662

Saskatoon Cancer Patient Lodge
306-242-4852

Screening Program for Breast Cancer
1-855-584-8228

Screening Program for Colorectal Cancer
1-855-292-2202

Prevention Program for Cervical Cancer
1-800-667-0017

Quality of Care Coordinator (patient representative)
1-866-577-6489 (toll-free in Canada)
qcc@saskcancer.ca

Donations
1-844-735-5590
donate@saskcancer.ca
www.saskcancer.ca/donate

Visit our website
www.saskcancer.ca

Twitter
@saskcancer

Saskatchewan Cancer Agency
#200 - 4545 Parliament Avenue
Regina, Saskatchewan S4W 0G3
639-625-2010
www.saskcancer.ca
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